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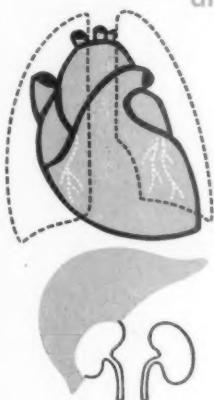
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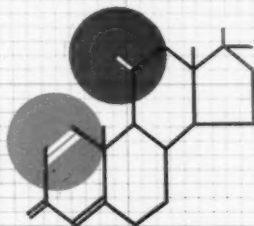
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Bibliography: (1) Bunin, J. J.; Pechet, M. M., and Boileau, A. J.: J.A.M.A. 157:311, 1955. (2) Waine, H.: Bull. Rheumat. Dis. 5:81, 1955. (3) Tolksdorf, S., and Perlman, P.: Fed. Proc. 14:377, 1955. (4) Herzog, H. L., and others: Science 127:176, 1955. (5) King, J. H., and Weimer, J. R.: Experimental and clinical studies on METICORTEN (prednisone) and METICORTEONE (prednisolone) in ophthalmology, A.M.A. Arch. Ophth., to be published. (6) Boland, E. W.: California Med. 82:65, 1955; abs. Curr. M. Digest 22:53, 1955. (7) Dordick, J. R., and Gluck, E. J.: J.A.M.A. 158:166, 1955. (8) Margolis, H. M., and others: J.A.M.A. 158:454, 1955. (9) Barach, A. L.; Bickerman, H. A., and Beck, G. J.: Dis. Chest 27:515, 1955. (10) Arbesman, C. E., and Ehrenreich, R. J.: J. Allergy 26:189, 1955. (11) Skaggs, J. T.; Bernstein, J., and Cooke, R. A.: J. Allergy 26:201, 1955. (12) Schwartz, E.: J. Allergy 26:206, 1955. (13) Robinson, H. M., Jr.: J.A.M.A. 158:473, 1955. (14) Dordick, J. R., and Gluck, E.: Preliminary Clinical trials with prednisone (METICORTEN) in systemic lupus erythematosus, A.M.A. Arch. Dermat. & Syph., in press. (15) Nelson, C. T.: J. Invest. Dermat. 24:377, 1955.

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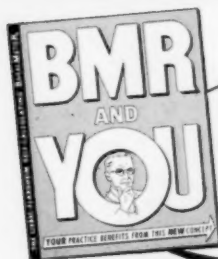
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1. Martin, G. A., Garfinkel, B. T., Brooke, M. M., Weinstein, P. P., and Frye, W. W.: *J.A.M.A.*, 151:1055, Mar. 28, 1953.

2. Kohn, J.: *Jour. Trop. Med.*, 53:212, Nov., 1950.

3. Information Please: *GP*, 4:91, Sept., 1951.

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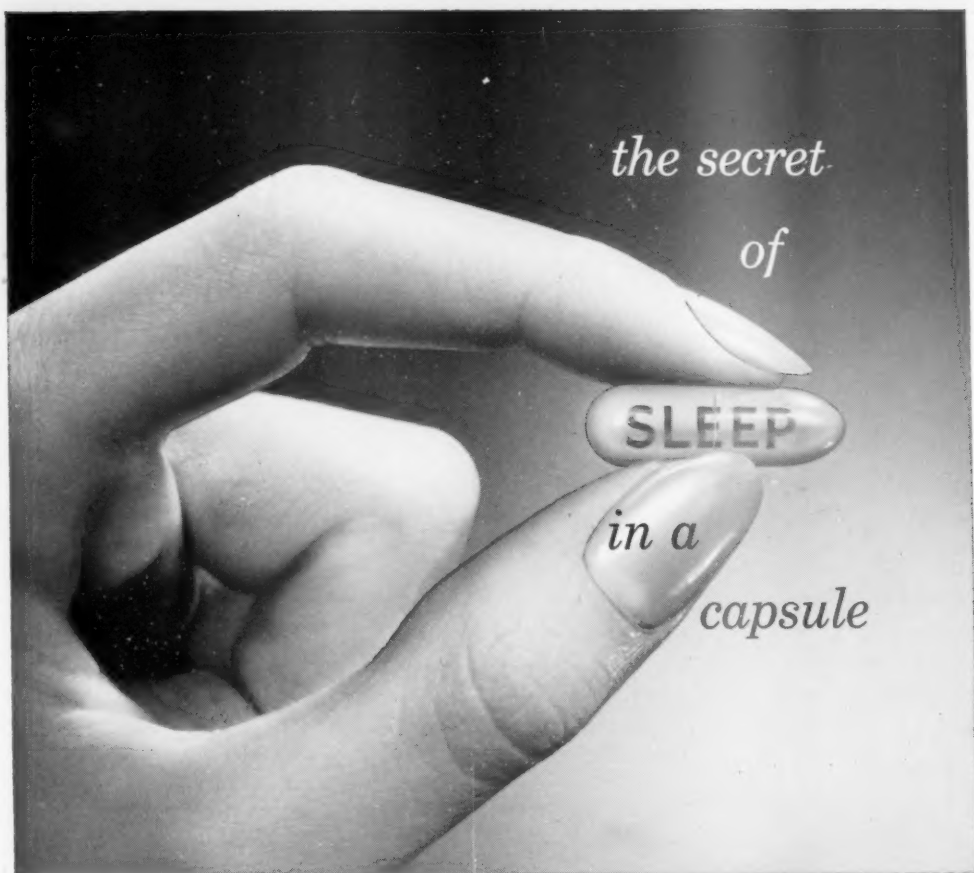
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ROCKY MOUNTAIN MEDICAL JOURNAL

Rocky Mountain Medical Journal

AUGUST, 1955

Colorado - Montana - New Mexico

Utah - Wyoming

SUCH was the title of an inspiring talk given before members of the Denver Medical Society on July 12 by Anne Laughlin, a former United Nations international health and welfare worker and now a lecturer at Regis College. Miss Laughlin was Director of the United Nations Relief Fund during 1945; she has received Ethiopia's highest award, the Order of the Queen of Sheba; perhaps her greatest responsibility was the feeding of 550,000 children in Bulgaria. Certainly she can speak from behind the Iron Curtain about a world which is largely hidden from us who are fortunate enough to live in the free world.

"The World We Face"

Bulgaria is Russia's model of a communist state, and her plight has been frightful indeed. We should be ever mindful that communism's goal is world control, including America, with Moscow the financial capital. Everyone who has studied and written about the communist regime has told us this. Furthermore, the three worlds—free, colonial, and communistic—cannot co-exist without conflicts. The latter fear those of us who are free, and they are mistaken in believing that we oppose them for reasons of color, religion, or political philosophy. America is the most decent and generous country on earth, whose citizens want to live in peace and negotiate with all other people. But both eyes must always be open!

People in Bulgaria are dominated by a communist dictatorship; they are dull, un-

happy, and have no possessions. Leaders of men, industry, and professions are destroyed or placed in concentration camps. Then the government moves in, takes over their businesses, enters and occupies their homes, and places "workers" in charge. The workers are ignorant, have never known conveniences of life as we know it, are the drones who are pleased to be puppets for the state at ten dollars per month. Political representatives check these workers and their reception by oppressed citizens and former owners of property. All who do not submit and "co-operate" find themselves out in the world to starve or freeze. Physicians get about nine dollars per month, but best paid of all are architects and engineers who receive the equivalent of eighteen dollars per month. If cold war fails—with its propaganda and infiltration—to spread the gospel and domination of communism, then will be the grave danger of a hot war.

Women work, and hard, in a communist country. Otherwise they receive no food and clothing coupons. Expectant mothers are off for three months, have no domestic help, and every baby must go to a nursery. The nurseries are well equipped, built and designed to take babies out of their homes, from the arms of their mothers and into the arms of communism. Communists passionately love children, for they can mold a child where they cannot win an intelligent adult. Hitler exploited this fact! Children are brought up to march, to parade, and sing the glories of the welfare state; their souls are removed and machines put in

their places. Thus, parents fear their children, for they are trained to report any "subversive" parental acts. And no one dares criticize a public official, lest he shall promptly find himself in a concentration camp.

Doctors are a moving force of communism in Bulgaria—for the good ones have been destroyed and the bad ones are out among the people giving free milk to the poor and herding mothers in to get the milk, in return for which they must listen to communist propaganda. Polio, tuberculosis, and tuberculous meningitis are predominant among many rampant diseases. Daughters and wives of good medical men, who were murdered, plead for streptomycin. But the active doctors will not help anyone who is old, decrepit, or crippled; they "love" the healthy ones who can be guided into communism. Medical journals and modern equipment are forbidden and progress is stifled.

Regarding religion: Churches are open, but clergy are appointed by the minister of foreign affairs and sermons must be approved by a minister of the press. There are no collections or offerings; religious life is being starved and children are being taught no faith of any kind. Leadership is cut off, and leaders who are not destroyed are tried for anything and everything, even tortured and drugged to change them mentally. When property is confiscated and its owner imprisoned for "fifteen years to life," he is then gone forever for life is certainly less than fifteen years under conditions of imprisonment. Help is not available for those who are sick, as hospitals have been confiscated for the benefit of top communists.

Now, what is there on the other side of this sordid picture? The Voice of America and Free Europe is heard by nine out of ten people who have access to a receiver—even at the risk of personal liberty. These voices reach labor and concentration camps and actually penetrate the darkest recesses behind the iron curtain; they constitute the only messages of hope.

Since the communist world is godless, we must have faith that it cannot survive. The free world must practice patience and re-

main armed and equipped militarily in case the cold war should ever become hot. The United Nations, declares Miss Laughlin, must be supported until the oppressed people can arise and fight communism. Education is a vital thing in every free country. All of our small and independent schools must survive and institutions of higher learning receive whatever support they need. Perhaps the greatest need of all is re-birth of our moral character and revitalization of our spiritual fiber. With those who go to church, more shall join them, and all should be brought up to believe in God and have faith in His survival. There is a lot of godlessness in this country today, and such people are nurturing the soil in which it thrives. Education will gradually neutralize this trend.

There is another great field wherein the light is dawning: Russia and China are not actually brethren in the great battle of ideas. Their millions of people, as the curtain is raised and light enters, will break away from the darkness of oppression and eventually become free.

We are indebted to Anne Laughlin for her great message. It should be heard by every American.

COMplete programs of three late summer and early fall meetings in our Rocky Mountain Area are carried in this issue, together with a preliminary announcement of a fourth. Read them on later pages. All of them are important. Every one certainly carries a wealth of opportunity for each of us to

improve ourselves and bring ourselves up to date so that we can constantly give better service to our patients. That we all must do; and that, after all, is the primary purpose of our organizations and our meetings.

The August Radiological Conference, the September Utah and Colorado Annual Sessions—all these scientific programs are presented in full in this issue. Montana also meets in September and a preliminary program is published in this issue. See you there!

*Presidential Address**

B. J. SULLIVAN, M.D.
Laramie, Wyoming

THE Office of the President of the Wyoming Medical Society is an honor you bestowed on me one year ago and I thank you for that trust. My stewardship has not been as brilliant as I would have liked, but I have tried to be aware of most of the problems in our Society. In this year, the new doctors that were met, the towns, hospitals and local society meetings visited impressed me that we in Wyoming have good, intelligent doctors. Your Executive Secretary, Mr. Arthur Abbey, does a splendid job and his aid alleviated many burdens of this office. Dr. Anderson, your Secretary, has earned much praise in the preparation of the delegate's packet. Dr. Anton is an alert, prompt Treasurer who rates the thanks of us all.

Wyoming medical practice is unique in comparing it to other states; we physicians are few in number and for the most part practice in small urban areas. We don't have the vast farm population, nor do we have the large numbers of substandard economic peoples seen in large metropolitan areas. Generally speaking, we in Wyoming are general practitioners, family doctors who vigorously practice many specialties with amazing poise. I have found alert, well-trained young men, and the older men, all interested in postgraduate training. It is this repeated infusion of new ideas and technics that keep the towns of Wyoming well equipped with modern medical care. It is a cause of wonder to see the good physical hospital plants that have been built in the past six or seven years, and it is our task to keep them staffed not only with competent physicians but to keep each de-

partment at its best for that community. In order to improve our care to our patients, it is our duty to keep hospital standards (charts, surgery and staff organization) in line with the Joint Commission on Accreditation of Hospitals. Prompt writing of histories, with proper function of tissue and record committees are the duties of the individual doctor, the staff, and not those of the lay hospital board of trustees. We are living in a rapidly changing era, our hospitals and towns are small, but it is our duty that they be gleaming examples of good medicine to the young doctor who will continue to join us in our growing years ahead.

Continuation medical training as offered by the medical centers of America is for the most part excellent. More of us should devote periods of study at regular intervals to these courses. Boston, New York, San Francisco are but a few hours' journey any more and the enthusiasm of the men who have taken these additional periods of training should encourage all of us to greater study. One of the greatest challenges to any of us is the feeling that we have the card index (basic medical education) to the great library of medicine but we must always continue to learn if we can call ourselves successful. The pursuit of knowledge is the factor that improves the good doctor. My preoccupation with this type training is prompted by the increasing problem of family physician to the man who specializes. In Wyoming we have few such conflicts, but the better trained the general man, the greater is his ability to recognize and properly channel the unusual problem. As a family physician I am honest, I believe, in saying that 90 per cent of the problems in my office can be cared for by the

*Presented before the Annual Session of the Wyoming State Medical Society at Laramie on June 15, 1955.

general practitioner but the recognition and prompt referral of that other 10 per cent of patients to the proper specialist is the area where additional training is of special value. It is wrong for a general man to fail to recognize his limitations.

Enough of my conversation about improving our present way of life—namely, more postgraduate training and accreditation of each hospital in Wyoming. The most pressing problem facing medicine today is, in my mind, the cost per patient day in the hospital. Let me premise the remarks by denying that I am a Socialist or a government "free loader" of any kind. We are being negligent as doctors and citizens if we don't recognize this growing cost problem that may engulf us all in its federally subsidized arms. In Wyoming today the average cost per patient day is in the region of eighteen to twenty dollars. The veteran's hospital cost is in the neighborhood of thirty dollars. Granted that this cost for patient care is less than we pay a plumber or electrician or bricklayer on an hourly basis, there is a point, in this rising cost, beyond which an average American cannot possibly pay. You and I, as doctors, take care of average or low income families—I don't have any millionaires gracing my waiting room. If you have such a practice, please see me after this meeting. American medicine, Wyoming medicine has met this challenge by prepayment insurance plans on a non-profit basis in distinction to private insurance carriers. We have met

part of the problem but we must continue to worry about the continuing cost. In Wyoming, Blue Cross covers over two thousand groups of firms; you as doctors back this plan, return eighty-five cents of every dollar taken in premiums to the participating member (as compared to fifty-one cents by private insurance), so it is not erroneous to conclude that you do a service to your patient through Blue Cross. Blue Cross and Blue Shield, in my mind, are fundamentally good. They are of great value to my patients.

This year has echoed with moans, charges, etc., concerning this insurance plan. To me, the anger, the ill feeling all have arisen out of misunderstanding and jealousy. To sabotage and ultimately destroy this growing organization would be, first, a disservice to your patient; secondly, a disservice to yourself.

In the quiet of your heart you must re-evaluate your goals as a physician. We all, without hesitation, hope to relieve pain and to comfort the afflicted. We do not parenthetically state what his color may be, his financial status or what religion he might be; we're doctors first and business men second. We must give ourselves to the best of our abilities, we must give as effortlessly as "in yonder valley the myrtle breathes its fragrance into space." In giving our scientific, physical best we may hope that when we leave this earth our fellow men may say, "He was a good doctor."

AMERICAN COLLEGE OF CHEST PHYSICIANS

The 21st Annual Meeting of the American College of Chest Physicians was held at the Ambassador Hotel, Atlantic City, New Jersey, June 1 through 5. More than 1,400 physicians and guests registered for the meeting. Fellowship certificates were awarded to 251 physicians at the Convocation ceremony, held on Saturday, June 4. The following officers were elected for the year 1955-1956:

President, James H. Stygal, Indianapolis, Indiana; President-Elect, Herman J. Moersch, Rochester, Minnesota; First Vice President, Burgess L. Gordon, Philadelphia, Pennsylvania;

Second Vice President, Donald R. McKay, Buffalo, New York; Treasurer, Charles K. Petter, Waukegan, Illinois; Assistant Treasurer, Albert H. Andrews, Chicago, Illinois; Chairman, Board of Regents, John F. Briggs, St. Paul, Minnesota; Historian, Carl C. Aven, Atlanta, Georgia.

The 22nd Annual Meeting of the College will be held at the Sherman Hotel, Chicago, Illinois, June 7 through 10, 1956.

Dr. Carl H. Gellenthien, Valmora, New Mexico, serves as Regent of the College for the Rocky Mountain states. Governors serving that area are: Arnold Minnig, Denver, Colorado; Joseph E. J. Harris, Albuquerque, New Mexico; William R. Rumel, Salt Lake City, Utah; Russell H. Kanable, Basin, Wyoming.

What Can We Do About Motorcar Injuries?

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IN THESE columns, no one need describe the tragedy and loss so frequently the result of the motorcar crash. Every doctor is all too familiar with this calamity. Few of us, however, realize or appreciate the staggering total of these losses. Every year in this nation, over 38,000 persons are killed and nearly one and one-half million injured, the latter figure being perhaps the more important. These figures by themselves convey little meaning.

The American forces suffered 142,091 casualties, including 33,629 dead, in the three-year Korean war. The motorcar killed more people, and injured ten times as many, here at home in **one** year. Since we have had motorcars, they have killed 64,000 more people than all of this nation's wars put together. Accidents kill more people during the productive years than does disease, and the auto accident leads all the rest. The economic loss of our motorcar "accidents" is nearly five times our loss by fire.

One of our colleagues has stressed the point that we must cease speaking of the auto "accident." He declares that these tragedies follow inevitably upon a set of deliberately imposed circumstances, and are therefore no accident. This attitude of reasoned understanding is very much needed as we approach this problem, and, in our opinion, can solve the problem.

About one-fifth of these deaths and injuries are auto-pedestrian and constitute a separate situation about which we as physicians can, perhaps, do less than can the traffic engineers and the law enforcement agencies. In any case, we will not discuss this group at this writing.

As physicians we can have much to do with driver control and licensing, much

more, in fact, than we have heretofore been willing to assume. Psychologic and psychiatric screening of motorcar drivers are still in their infancy, and wait largely upon a realization by the medical profession of its responsibility in this regard. Our profession must take the lead in denying to thousands of present drivers the privilege of operating a motorcar. But this problem, too, we will not consider here.

An analysis of the physical situation in the motorcar crash yields a very simple conclusion. "When the motorcar stops suddenly, the occupants continue in motion, at nearly the same speed they had before the crash occurred. By the time the occupants reach the forward structures, these are at rest or nearly so. Those occupants who are thrown from the vehicle may also strike stationary objects."

This, of course, is elemental, as Mr. Holmes informed Dr. Watson. What is not so elemental is an appreciation of the magnitude of the forces involved.

The Crash Injury Research group and the Aeronautical Laboratories at Cornell University have provided much of the basic research on this problem. They have shown that the human head weighs about ten pounds, and when dropped from a height no greater than sixty inches upon a hard surface, sustains a skull fracture. They say that the head can receive a blow of about 600-inch pounds—sixty inches multiplied by ten pounds—before fracture occurs. They have settled on a blow of approximately 400-inch pounds on a hard unyielding surface as the threshold of brain damage.

Mr. Hugh De Haven, formerly Director of Crash Injury Research at Cornell, published in 1942 a fascinating study of eight cases of falls from heights up to fourteen stories

(146 feet) attaining speeds up to 59 miles-per-hour, with survival. The stopping distances in two cases who sustained virtually no injury were four inches and six inches, in falls of fifty-five and ninety-three feet, attaining speeds at impact of thirty-seven and fifty miles per hour, respectively. These falls in inches were 660 and 1,116, respectively, ranging from sixteen to twenty-eight times the threshold of brain damage. And yet an arrangement whereby these falls were arrested in such short distances as four to six inches, allowed these individuals to survive with no evidence or symptoms of any damage to the brain at all. What a short distance it is between death and survival!

These basic data provide the solution to our motorcar mortality problem, and yet our most modern automobiles use them hardly at all. Just this last year or two has any suggestion of crash padding appeared, and it has been quite inadequate, indicating no realistic grasp of the needs to be met.

Another approach seeks to prevent the motorcar passenger, on impact, from reaching the forward structures of the car interior by using the time-tried safety belt. In airplanes, racing cars, stockcar races, and in professional stunting the belt has proved its worth. It is admitted that the belt still allows the head to swing forward to strike the instrument panel. This defect can be met (1) by the addition of shoulder straps or a chest belt, (2) by padding the instrument panel adequately, and (3) constructing the car interior so that the instrument panel is beyond the reach of the head, when a seat belt is worn.

Taking the automobile just as it is, designed with scarcely any consideration of safety at all, it is remarkable what a change the use of the seat belt can effect. That it can do so much is because so few motorcar crashes are pure head-on; the vast majority are to the one corner or the other so that there are large lateral components and spin factors in almost every crash. These direct the head elsewhere than straight forward to the impact upon the anvil-like instrument panel.

Belts have been adopted by enough peo-

ple that we now have records of twenty-eight crashes in which belts played a part. At least thirteen of these are collision incidents. No one with belts was killed and only one badly hurt. The others were off-the-road affairs in which no fixed object was struck, and most of the passengers "did not get a scratch." One man was killed driving alone at night in an open convertible which overturned. He might have survived if he had not had a belt. However, a recent incident in Colorado in which the driver was thrown free and then killed by the car rolling over on him, conforms to the Indiana figures that 56 per cent of those thrown free are killed. Whatever else the belt may not do, it still keeps the wearer from being thrown out of the car.

This brings up the major defect of the current automobile, the doors pop open. It is a prime tenet of package engineering that the container must not open. It is time that the American motorist set up a determined "howl" for impact-engineered doors in his car. Every doctor has treated cases in which the occupant who spilled out was seriously or fatally hurt, whereas those who were retained in the car were hardly scratched.

What can we do about motorcar injuries? We can install and use belts right now. If physicians will not apply this reasonable and proved measure we can hardly expect others to take the lead.

We as individuals and as a group can put pressure on the dealers and the manufacturers to provide us with cars in the future that are designed for safety. Adequate crash padding, improved windshield glass, impact-absorbing steering columns, impact-resistant seats and cushions, convenient, retractable seat belts and chest straps designed as a part of these seats, are all features that we should demand in our new cars. If the designers gave as much time and thought to these essentials as to the lines and colors of the car exterior, we might have cars that are as safe as they are flashy.*

*An excellent pamphlet, illustrated in color, has been published by Cornell Aeronautical Laboratories and entitled, "Automobile Seat Belts—A Way of Living." It considers many aspects of the seat belt idea, and should be in every doctor's waiting room. It may be obtained from Cornell Aeronautical Laboratory, Inc., 4455 Genesee St., Buffalo 21, N. Y.

Treatment of Dysmenorrhea With A New Analgesic-Sedative

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K ROGER and Freed¹ state that functional dysmenorrhea is not a disease entity and that it is a symptom of a personality disorder whose etiology is unknown. Two types (primary and secondary) have been described. The symptom is considered primary when it appears with the first menses and secondary when the dysmenorrhea develops after a period of normal menstruation.

Haman² showed that the average pain threshold to stimuli was lower in dysmenorrheic women and that those suffering from the primary type showed a higher sensitivity to painful stimuli than others. Contractions of the uterus are conveyed to the consciousness of susceptible individuals as pain, whereas these contractions may not appear in others. Regarding force or frequency of uterine contractions, there is no demonstrable difference between the primary and secondary dysmenorrhea.

Reynolds³ and Wilson and Kurzrok⁴ theorize that abnormal contractions per se produce the pain of dysmenorrhea since the endocrine status is normal. Moir⁵ stated that pain was due to an ischemia of the myometrium secondary to contractions. Bickers⁶ is of the opinion that abnormal behavior of the muscle is the result of a physiological defect in the muscle itself, probably congenital. Robertson⁷ has demonstrated that emotions can influence the contractility of the uterus, at least in the luteal phase. Taylor⁸ considers dysmenorrhea a disorder of the reproductive organs due to circulatory and autonomic imbalance based on psychosomatic factors. It is, therefore, logical to assume that primary

dysmenorrhea is more likely a disorder of the autonomic nervous system. Kosmak⁹ does not believe that menstruation necessarily involves emotional reactions. Kosmak¹⁰ is of the opinion that medical management such as sedatives or analgesics are more desirable before resorting to psychiatric methods. Many other theories exist which are too numerous to mention here.

This report is confined to the medical management of dysmenorrhea with Fiorinal[®], a new analgesic and sedative. Each tablet contains Sandoptal (Isobutyl-allyl-barbituric acid), caffeine, acetylsalicylic acid and acetophenetidin. Friedman, et al.¹¹, Blumenthal, et al.¹², Ryan¹³, deSola Pool, et al.¹⁴, and Friedman, et al.¹⁵, reported very favorable results with this combination of tension headache. My series of cases consisted of forty-seven patients. The age incidence varied from 18 to 42 years, twenty-seven were unmarried and twenty were married and had given birth to one or more children. See Table 1.

There was no demonstrable pelvic pathology in any of the cases observed except for the finding of uterine retroversion in nine of the forty-seven cases. Menstrual regularity was within normal limits and none of these cases had any unusual disturbance in the amount of flow or during flow. Most all cases complained of passing clots the first day of flow but not to a degree that could be considered excessive.

Approximately forty of the forty-seven cases complained of gradually increasing discomfort commencing two days prior to and climaxing with the first day of menstrual flow. The remaining seven cases complained of gradually increasing discomfort

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*Furnished by Sandoz Pharmaceuticals, San Francisco, California.

fort starting five to six days prior to actual onset and then reaching a peak of discomfort on the first day of actual flow. All forty-seven cases complained of lower abdominal distention in varying degrees, from the sixth premenstrual day until the actual onset. Strangely enough, those patients complaining of lower abdominal distention commencing prior to the second premenstrual day had less discomfort than those patients whose abdominal distention was confined to the two days just prior to actual onset. The amount of lower abdominal distention varied considerably in each patient, and individually from month to month. Close observance and restriction of salt intake helped all forty-seven patients but did not completely relieve actual pain and discomfort. The restriction of salt seemed most helpful in those patients who had a longer pre-menstrual lower abdominal "bloat" but, as pointed out previously, these cases were in the minority of the forty-seven patients treated.

Thirty-five of the forty-seven cases had received previous therapy of various types, none with any success. Two of the nine cases with retroversion of the uterus had received some relief by the correction of the retroversion with a Smith-Hodge pessary, but neither wished to wear the said pessary continuously nor did they wish to submit to a uterine suspension surgical repair. These two specific cases presented the most severe symptoms. The remaining seven cases of retroversion were not, however, listed as severe dysmenorrheic cases. The dosage regime also proved very variable. It became very evident that the dosage of Fiorinal had to be strictly individualized, there being no definite dosage that could be universally used. Later in the study, however, the importance of the initial dose and time of administration became evident. As a result of this observation, I have found that the administration of two tablets of

Fiorinal with the very first evidence of cramps or lower abdominal pains, followed in three hours, routinely, by a single tablet, proved most effective in twenty-two cases.

Of the forty-seven cases observed, all except the two patients with uterine retroversion received immediate relief using a total of three tablets of Fiorinal within the initial three-hour period, or onset of initial discomfort. Twenty-five of the forty-seven patients required added medication, one tablet repeated at three-hour intervals, with the maximum medication, or total dosage for any patient, being six tablets. With proper education of the patient in recognizing the first symptoms of pain or discomfort so that they would take the initial dose of two tablets at these first signs of discomfort, most of these twenty-five patients were able to cut down the dosage to or near the average of three tablets.

There were no side effects noted, even in the group of twenty-five who took the larger doses.

Eighteen of the forty-seven have reported complete relief of monthly discomfort; this after an average of six months' treatment, and have not needed recent medication. Their self-assurance in knowing that they can control monthly discomfort by taking Fiorinal has undoubtedly played a big role in correcting their monthly discomfort.

Summary

1. Forty-seven private patients between the ages of 18 and 42, whose main complaint was dysmenorrhea, are reported.

2. All forty-seven cases were free of gross pelvic pathology except for nine patients who had retroversion of the uterus.

3. Most cases reported symptoms starting two to three days before the menstrual onset, with the first menstrual day being the most painful.

4. An initial dose of two tablets of Fiorinal, taken at the first sign of "cramps," and followed routinely in three hours by one

TABLE 1

Total Number of Cases	Married	Unmar- ried	Gross Pelvic Pathology	Retro- version of Uterus	Results With Fiorinal			
					Excellent	Good	Fair	Side Effects
47	20	27	0	9	35	5	7	0

tablet, proved effective in twenty-two cases.

5. Twenty-five cases required an increased or additional dosage of Fiorinal.

6. Thirty-five of forty-seven showed excellent response.

7. Eighteen patients have improved to the point where they no longer require regular monthly medication.

8. No side effects were noted in any of the forty-seven cases.

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*The Recognition of Atypical Renal Neoplasms**

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THIS discussion is limited to malignant neoplasms of the renal parenchyma in the adult. The nomenclature of these lesions has been briskly debated, and has involved confusion of the terms hypernephroma, nephroma, clear and granular celled carcinoma, adenocarcinoma, sarcoma, etc. Wilson believes that the basic call of the parenchymal neoplasm is that of the nephrogenic mesenchyme; since it resembles embryonic connective tissue but develops into mature renal tubular epithelium, it gives rise to a variety of histologic appearances. While "nephroma" best expresses this attitude, the term hypernephroma, although incorrect, is so widely used and euphonious that it will undoubtedly continue to be the most popular name for these tumors. Most of them grow slowly and metastasize widely, both by the blood stream and through the lymphatics.

All physicians know the classic triad of pain, tumor, and hematuria, which ordinarily means advanced disease. Recognition while potentially curable depends upon suspicion generated by one of these symptoms, and verified by urography. Inability to palpate a tumor is valueless, since a lesion of the upper pole of the kidney may become very large, particularly in a heavy-set individual, without being detectable upon the most careful physical examination. An accelerated sedimentation rate in the presence of one of the complaints mentioned above is suggestive of renal neoplasm, but is not diagnostic, since it occurs in but two-thirds of the cases.

If the affected kidney functions well, excretory urography may be diagnostic; if not, retrograde pyelography is needed. Braasch summarizes the pyelographic findings in renal neoplasms as follows: (1) elongation of one or more calices; (2) encroachment on the renal pelvis or calices; (3) dilatation, displacement, or distortion of

*Presented before the Ogden Surgical Society, May 26, 1954. From the Urological Division of the Department of Surgery in the Medical School of the University of Minnesota, Minneapolis.

the renal pelvis; and (4) deformity and displacement of the ureteropelvic junction and upper ureter. It is quite evident that an encapsulated, globular neoplasm may produce exactly the same deformity as a simple cyst. It is here that accessory studies are important.

In such a situation an accelerated sedimentation rate may be helpful. If the results of palpation and pyelography strongly favor a cyst, and the patient is a poor surgical risk, aspiration from behind is invaluable. If clear fluid is encountered, it can be withdrawn and replaced with a contrast agent; a sharply marginated, circular mass of uniform density rules out a new growth.

If an atypical deformity is seen but no mass can be felt, aortography is valuable if it is important to avoid operation. Cysts appear as round or oval sharply marginated defects in the blood supply of the kidney; parenchymal neoplasms exhibit puddling of the contrast agent in their sinuses. Neither the pyelogram nor the aortogram, however, will differentiate an intracystic papillary cystadenocarcinoma or a necrotic encapsulated parenchymal tumor without a demonstrable blood supply from a simple cyst, nor will the latter reveal neoplasms of the renal pelvis. While intracystic neoplasms occur in but 7 per cent of renal cysts (Gibson), their existence constitutes a real threat to accurate diagnosis, and requires surgical exploration in the occasional doubtful case in which an error would be a serious matter. Aspiration and injection may delineate such a neoplasm unless it fills the whole cyst.

In spite of these pitfalls, the diagnosis of the average renal neoplasm is a simple matter if one considers the possibility and makes the necessary studies. The atypical one may be quite another matter. Three factors promote confusion: the characteristically slow growth of the tumor, which permits local adjustments in adjacent organs without any subjective complaints until metastasis or local invasion have occurred; the fact that degenerative changes may lead to toxic effects before attention is attracted by the local process in the kidney;

and the possibility that symptoms from the renal lesion may mimic other disorders of the kidney itself. That these are real problems is indicated by my review of ninety-two cases; in thirty-eight, or 41 per cent, the first symptom pointed to a lesion outside the urinary tract. While these symptoms were amazingly diverse and deceiving, they may be divided into a number of fairly clear-cut groups.

Perhaps the commonest of the misleading presenting complaints was fever, either coupled with toxemia and anemia or preceded by it. This occurs in about 10 per cent of parenchymal renal neoplasms in the absence of infection, and appears to result from degenerative changes which release "pyrogenic substances" into the circulation (Israel). There is often an associated anemia, and the sedimentation rate is accelerated. Such a combination always requires urography to differentiate it from such disorders as Hodgkin's disease, obscure infections, and malignancy in other organs.

A rarer source of confusion results from invasion or compression of adjacent viscera by a renal neoplasm or by a hematoma resulting from it. Such lesions may be mistaken for carcinoma of the stomach if the duodenum or jejunum are involved; a large tumor may invade even the lower small intestine and cause acute or chronic obstruction; the same may happen to the colon.

More frequently, bizarre metastases may be misleading. While solitary deposits in bone are rare, they are readily identified. They may take the form of pulsating masses in the skull or long bones, or of silent tumors which lead to pathologic fractures. Radiologically, these appear as rarefactions, rather as if an area had been "rubbed out" with an eraser. Periosteal reactions are uncommon. Any atypical destructive tumor of bone calls for urographic studies. Vertebral involvement is rare, but has to be borne in mind in severe backaches. Accessible lesions in the bones or soft tissues may be subjected to biopsy with the Silverman needle.

While metastases to the lungs are usually readily recognized in the roentgenogram as multiple, rounded, sharply marginated

areas of increased density, an occasional solitary lesion may be irregular in outline, and so be mistaken for a bronchogenic carcinoma, especially if the patient has pain in the chest with cough and hemoptysis. Such a case in our clinic had been diagnosed "respiratory papilloma" after a bronchoscopic biopsy, at which point the occurrence of hematuria led to investigation of the kidneys and recognition of a hypernephroma; the pathologist then changed his diagnosis. Barney and Churchill reported such a patient well for five years after removal of the renal and pulmonary tumors.

An exceedingly uncommon site of metastasis is the frontal sinus; a patient so afflicted when seen at the University Hospital had symptoms of frontal sinusitis; their cause was understood only when solid material was found in the sinus at operation, and was identified as hypernephroma by microscopy.

Metastases to the digestive tract may be particularly difficult to identify. In a remarkable instance seen at the University of Minnesota many years ago, a middle-aged woman presented all of the features of cirrhosis of the liver. At laparotomy a "cirrhotic" liver was seen but not biopsied; improvement followed cholecystostomy, but autopsy a couple of years later revealed that the liver was filled with metastases from a neoplasm of the right kidney, and that cirrhosis was absent.

Secondary tumors of the tongue are usually solitary, deep seated nodules which are identified only upon microscopic examination after removal. Metastatic lesions of the thyroid may be mistaken for adenomata or for primary carcinomata. Their character is understood only after microscopy.

Metastases to the brain are rarely recognized as such when the primary tumor has been silent, until removed tissue is examined histologically. The same may be said of secondary deposits in the spinal cord, unless a vertebra is seen to be involved at roentgenography. In one case in our series the first inkling of disease consisted of paraplegia following a slight trauma which led to a pathologic compression fracture.

Curiously enough, the ovaries and vaginal

wall may receive metastatic deposits, apparently by retrograde flow through the ovarian vein, particularly on the left. The former consist of submucous nodules which are readily enucleated; the latter cause firm, elastic enlargements of the ovary. Identification depends upon microscopic study. In addition, our series included one metastasis to the corpus spongiosum which was at first mistaken for a periurethral abscess; its true nature was determined at autopsy. Secondary nodules in the testicle have been reported.

The lymph nodes around the renal pedicle are, from the pathologist's viewpoint, the commonest sites of metastasis from renal tumors. Not so well known is the possibility that the first clinical evidence of disease may be a mass in the neck from invasion of the cervical nodes; we have seen such a patient, as well as one in whom the local physician mistook a packet of involved inguinal glands for an inguinal hernia.

The possibility of confusing renal tumors and cysts has already been mentioned. It is well to remember that new growths of the kidney may produce occasional episodes of renal colic with minor hematuria, presumably from the passage of small clots or of bits of necrotic tumor. In one patient in our series, this had occurred annually for seven years. Each episode had been treated by narcotics with relief until his physician died. The new one sent him for urologic study, which revealed a large right hypernephroma. Curiously, he was still perfectly well seven years after nephrectomy.

The simultaneous presence of renal stones together with a tumor is bound to give rise to confusion, particularly if the pyelographic deformity is slight. One of our patients had passed several stones and had then remained in bed for a whole year; when the pyelogram showed only multiple filling defects thought to be overlying gas, he was naturally regarded as neurotic, and was sent home. He promptly passed another stone in the presence of his physician, and returned. Operation disclosed a sizable hypernephroma, but no stones—the filling defects had been due to overlying gas! In another instance, a calcified nodule of parenchymal neoplasm protruded into the

renal pelvis; its true nature was discovered at operation for removal of the stone. It is only when so placed that the rather common calcifications within renal tumors are likely to be mistaken for stones in the pyelogram. The urologic surgeon will very occasionally encounter a small hypernephroma as an incidental finding at a renal operation done for some other perfectly definite lesion.

In another curious case in our series, a man of 30 had several episodes of chills, fever, and pyuria with mild renal pain. When his pyuria resisted good therapy, his physician sent him in for investigation. It was then discovered that an impalpable necrotic tumor of the upper pole was sloughing into the renal pelvis, and that infection was absent. There had been no gross bleeding. The patient survived nephrectomy for only a few months, after which he died from carcinomatosis.

The last possibility to be discussed is that of mistaking an adherent clot from renal bleeding for a vesical tumor. This will not happen if the inexperienced and occasional cystoscopist will subject all unusual lesions of the bladder to biopsy with cystoscopic forceps, if he cannot wash out the supposed tumor with an evacuating syringe.

To recapitulate, neoplasms of the renal parenchyma in the adult, while ordinarily easy to identify, occasionally give rise to bizarre symptoms due to compression, invasion, metastasis, or necrosis by or in a tumor which has not caused typical symptoms. In addition, they may mimic other lesions of the kidney. These cases will be recognized prior to death only if the physician bears the possibilities in mind and makes, or causes to be made, careful pyelographic and, on occasion, other special examinations.

Some Physiological Variables In Hypothermia

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ENTHUSIASM in both clinical and basic research has shed considerable light on the therapeutic use of hypothermia. The relatively simple technics of hypothermia, requiring few trained people and minimal equipment, have opened new horizons in the field of medicine. Although the most publicized use of hypothermia has been in the field of cardiac and great vessel surgery, there are many other practical applications for its use. It is an aid to unhurried intracardiac explorations, since it permits direct vision of the defects and facilitates precise anatomical technics for the correction of such defects.

In its present status, hypothermia has two important limiting factors, namely,

time and cardiac irritability. The time beyond which the blood supply to the nervous system cannot be safely interrupted is still too limited for many of the cardiac procedures which are anatomically possible to repair. With the lowering of body temperature, the possibility of ventricular fibrillation increases. McQuiston¹³ was among the first to use the technic of cooling infants before and during cardiac surgery to insure against any hyperthermia. With only moderate cooling, he was able to reduce operative mortality from 54 to 14 per cent⁴. The ill effects of an increase in body temperature during surgery, especially in children, has been known for many years. The penalty to any patient in terms of the increase in oxygen consumption with body temperature above normal has been assessed at about 12.5 per cent for each degree of centigrade temperature increase.

*Walter Reed Army Medical Center, Department of Experimental Surgery, Army Medical Service Graduate School, Washington, D. C.

†Walter Reed Army Hospital, Anesthesia and Operative Service, Washington, D. C. Paper read before The Rocky Mountain Medical Conference, May 4, 5, and 6, 1955, Albuquerque, New Mexico.

The term "hypothermia" is defined by Wiggers²³ as any body temperature below 36° C. Our classification designates moderate hypothermia as being in the body temperature range of 36-32° C. and deep hypothermia as 32° C. or lower. The consideration of the physiological variables in these two areas of reduced body temperature is the basis of this paper.

Moderate Hypothermia

Prior to the modern application of hypothermia, basal narcosis and anesthesia were used to reduce the metabolic demands of the patient. In many instances this was accomplished at the expense of severe depression of some of the vital functions of the body which, in the seriously ill patient, makes the prognosis even more grave. Children are particularly prone to excitement during anesthetic induction, and are most likely to increase their body temperature during surgery¹¹. If the child has a tetralogy of Fallot, or any other cyanotic type of heart disease, it is essential that the tissue oxygen requirements be decreased to the point where the inadequate circulation provides these tissue demands. Under these circumstances, anesthesia can be more safely maintained during surgical intervention. It is, therefore, not surprising that our greatest use of moderate hypothermia is in this group.

The physiological variables in this moderate temperature range of 36 to 32° C. are to a lesser degree the same as those which occur under deep hypothermia. Approximately two-thirds of our first 100 patients under hypothermia were children. Thirty-two were cooled in the range of moderate hypothermia. The greatest number of the adults in this group required deep hypothermia, since it included aneurysms or intrathoracic procedures of greater complexity.

The value of moderate hypothermia is difficult to assess with scientific accuracy, but the anesthesiologists and surgeons who handle these cases feel that there is considerable merit in its use. The following two case reports illustrate this impression.

CASE 1

A 3-month-old girl was admitted to the hos-

pital with the diagnosis of a sarcoma of the uterine cervix. Using ether anesthesia and moderate hypothermia, a radical pelvic procedure was done which included partial vulvectomy, hysterectomy, and lymph node dissection. The operation lasted over four hours, which would ordinarily be a severe strain on any infant. This child was discharged on the fourth postoperative day in satisfactory condition.

CASE 2

A 54-year-old woman requested that she be considered for surgery for coarctation of the aorta which had been diagnosed during her childhood. She had been following the recent advances in cardiovascular surgery in the lay press with considerable interest. She discussed her increasingly severe symptoms of cerebral hypertension with her physician and felt that she should take the risk of having the coarctation repaired. This was done under moderate hypothermia with excellent results. Although this patient was well beyond the considered safe age for such a procedure, the surgeons felt that with the use of hypothermia the operation was safely accomplished.

With the use of moderate hypothermia, the primary achievements are: (1) prevention of overheating, (2) reduction of oxygen demand, (3) reduction of the heart minute output, (4) reduction of the amount of anesthetic agent required, (5) availability of a more ideal operative field, and (6) prompt recovery of vital function in the immediate postoperative period.

Deep Hypothermia

In our clinical experience, the patient's rectal temperature in deep hypothermia has ranged from 32 to 23° C. The physiological responses of the patient which occur when the body temperature falls below 26° C. are so unpredictable that temperature depressions of this magnitude are used only in rare instances and with extreme caution.

Shivering is one of the physiological variables which can occur in the management of a patient during hypothermia. If shivering is allowed to continue, it will compound many of the problems inherent to the technique in that it causes an increase in oxygen consumption, a build-up of acid tissue metabolites, a generalized vasoconstriction which slows the rate of cooling, and necessitates the additional use of anesthetic agents. Graphically, it may be shown that

the rate of cooling is in the form of a linear curve. Shivering at any temperature level will cause a plateau in this curve.

A monitoring electrocardiogram is essential during hypothermia, not only to observe the cardiovascular changes, but to identify the presence of shivering which may be of such fine character that it is not visible or palpable on physical examination. Shivering is the result of the rate at which cold sensitive end organs are discharged, the number being stimulated and the thermal state of the temperature regulating center. The maintenance of an adequate plane of anesthesia is essential to prevent shivering, whereas the paralysis of the musculature by curare-like agents is not entirely satisfactory. The experimental animal made completely flaccid with succinylcholine will cool rapidly, but blood pressure, pulse, respirations and electrocardiograms continue to show the severe stress being imposed upon the animal. If cooling is continued under these conditions the animals will deteriorate with ventricular fibrillation occurring usually at a markedly higher body temperature than in comparable animals cooled with adequate nervous system depression². Shivering becomes markedly decreased with the continued lowering of temperatures but is not entirely lost until the temperature reaches about 22°²⁰, which is well below the clinical range of the present usefulness of hypothermia.

Investigators favoring the extracorporeal technic of hypothermia feel that an important advantage of the method is the smaller loss of energy by caloric measurements than occurs with surface cooling¹⁵. We have made no observations of energy transformation and loss, and in our hands extracorporeal cooling is technically less satisfactory.

The nervous system mediates cold stimuli as discussed above. With continued cooling, cold itself becomes a narcotic¹. Whether this occurs at a body temperature of predictable usefulness is unknown. This "narcotic" range has been stated to begin with cooling below 28° C⁶. Below this temperature, the patient needs no further anesthesia as analgesia and amnesia are complete. On occasion purposeful movements are noticed, not

relevant to shivering, and which might be observed during an analgesic state. Minimal amounts of anesthetic drug will stop this movement if so desired.

Decreased reflex irritability of the autonomic nervous system to stimulus is noticed with progressively lowered body temperature. This is shown in the gradual loss of the corneal, carinal and deep traction reflexes. The pupils are usually dilated during all phases of deep hypothermia. Functions of the hypothalamus such as heat regulation, carbohydrate metabolism and water balance are all depressed.

Blood studies in hypothermic animals reveal many deviations from normal. The red blood cells, hematocrit and hemoglobin concentrations increase. The white blood cells and platelets decrease in number. With this thrombocytopenia, prolonged bleeding and silicone clotting times result, with a loss of clot retraction and poor prothrombin consumption²². These changes are fully reversed early in the rewarming period. The red blood cell changes are probably due to the marked decrease in plasma volume which occurs¹⁸. The thickened, sludged blood continues to function well in oxygen and carbon dioxide transport, but the increased viscosity contributes to a rise in venous pressure and increases the work of the heart. The hemostatic deficiencies do not interfere with the course of surgery. Were it not for this anticoagulant effect, the viscous, slow moving blood would probably cause major thromboses.

The value of hyperventilation was discovered early in our hypothermia studies. The ventricles of the hypothermic heart are much less likely to fibrillate if carbon dioxide levels of the blood are kept low by vigorous respiratory support. If ventricular fibrillation does occur, the temperature of its onset is well below that of animals which are normally or hypoventilated.

At first it was felt that the marked shift to the left of the oxygen dissociation curve due to cold⁸ with a further shift leftward by the induced respiratory alkalosis, would prevent the cold tissues from giving up their carbon dioxide, or removing oxygen from the blood. Berne³ and others have

shown that the myocardium remains fully oxygenated, arterial and venous oxygen differences are normal or decreased, and no oxygen debt is incurred during the deep hypothermia. In addition to the respiratory adequacy maintained by hyperventilation, Lynn¹² has shown that the blood pressure is maintained at a higher level with this respiratory assistance.

The maintenance of the respiratory rate by the higher centers varies with the anesthetic agent used. Spontaneous breathing continues to about 20° C. if ether is used, but is lost at about 30° C. if barbiturates are used⁸. This is an academic observation since all patients must have vigorous respiratory assistance throughout the hypothermic state.

Lowered body temperature increases the resistance of the lung parenchyma and the chest wall to inflation, but this does not interfere with the diffusion of the respiratory gases across the alveolar membrane.

The heart under deep hypothermia continues to beat even after other vital functions have ceased. A progressive linear increase in the conduction time of the heart is first seen with a slowing of the pulse and an increased Q-T interval. At about 30° C. the electrocardiogram shows a wandering pacemaker, and with further cooling the P wave disappears. This is not necessarily indicative of atrial fibrillation since it has been frequently observed that the atria are quiescent. Although the metabolic effects of cooling on the conduction system are not understood, the P wave varies with the temperature level and apparently independently of the electrolyte balance. The resulting nodal rhythm suffices for myocardial function unless extremes of cooling or direct stimulation precipitates ventricular fibrillation. Following the loss of the P wave, constant observations are made for the spread of the QRS complex as a further indication of increased conduction time. This is used as a clinical end point in the progress of cooling. Flattening or inversion of the T wave at this time is an indication that ventricular fibrillation is imminent.

One of the limiting factors for more widespread use of hypothermia is the increased

incidence of ventricular fibrillation in the lower temperature ranges. The temperature at which it occurs is not predictable and is influenced by ventilation, anesthetic agents, method of cooling and nature of surgery. For the clinical protection against ventricular fibrillation, Swan and coworkers¹⁴ have used prostigmine, acetyl choline, or continuous direct vagal stimulation prior to manipulation of the heart. Protection has also been demonstrated experimentally by Shumacker²⁰ and Radigan¹⁶ by means of a prophylactic block of the S-A node by procaine infiltration. By comparison, the use of procaine intravenously or intrapericardially was completely ineffective.

Once fibrillation occurs, it is difficult to reverse. Swan and others favor the use of potassium which stops the fibrillation, and restart the heart with calcium chloride or small doses of epinephrine²¹. We prefer to avoid the use of drugs and have had success with conventional massage of the heart while warm saline is poured into the thoracic cavity. This reverses the cooling effects and electric shock to the heart is then effective¹⁹. When a normal beat is restored, cardiac output may be inadequate. In this situation, manual assistance to the heart is continued along with more warm saline. In most instances ventricular fibrillation recurs with this assistance, but the tone of the heart is improved, the fibrillation is more vigorous, and with the next defibrillating shock a normal beat again results and an adequate blood pressure usually ensues. Brief periods of compression of the descending aorta will further increase the vigor of the heart beat by improving coronary flow.

Circulation to the vital organs remains adequate in the range of deep hypothermia in spite of a falling blood pressure and slowing pulse. Hepatic studies using an isolated liver perfusion technic at 24° C. show that its metabolic function is also depressed. For example, the degradation of morphine by this organ is decreased twenty-fold. By closed circuit measurements, the oxygen consumption and carbon dioxide production of the liver are also depressed.¹⁷ All kidney functions are similarly depressed and return only after rewarming has been accomplished. The use of anticoagulants such as

heparin, most of which is eliminated unchanged by the kidney, has proved clinically dangerous during the rewarming phase. Renal blood flow decreases in a linear manner in the absence of shivering. As the kidney normally receives a large portion of the cardiac output, this may explain the persistence of renal blood flow as low as 20° C. Blood is replaced as it is lost, although the cooled body tolerates moderate blood loss and ischemia very well.

The role of the endocrine system in body homeostasis at lowered temperatures is unknown. The stress of anesthesia and surgery is reduced by hypothermia. However, body cooling without anesthesia would in itself constitute a severe stress. The hypothalamic-pituitary mechanism responsible for the release of ACTH in situations of stress is depressed¹⁰. Whether the decreased output in adrenal corticosteroids⁷ is due to a primary depression of the adrenal cortex or to the lack of ACTH is unknown.

The technic of hypothermia has aided us in the management of surgical procedures for endocrine dysfunctions. In pituitary surgery, the use of hypothermia tends to decrease the frequent postoperative complications of hyperpyrexia and circulatory instability. This technic is applicable logically for use with the surgical removal of pheochromocytomas. In patients with thyrotoxicosis who do not respond satisfactorily to medical therapy, the use of hypothermia has made surgical excision possible without thyroid crisis.

The measurements of body temperature can be made by numerous methods. Recordings from various parts of the body show a close comparison within the clinical range of hypothermia. We routinely use rectal temperatures during clinical hypothermia, but an esophageal thermocouple or a laboratory thermometer inserted through the nose into the nasopharynx serves adequately.

Summary

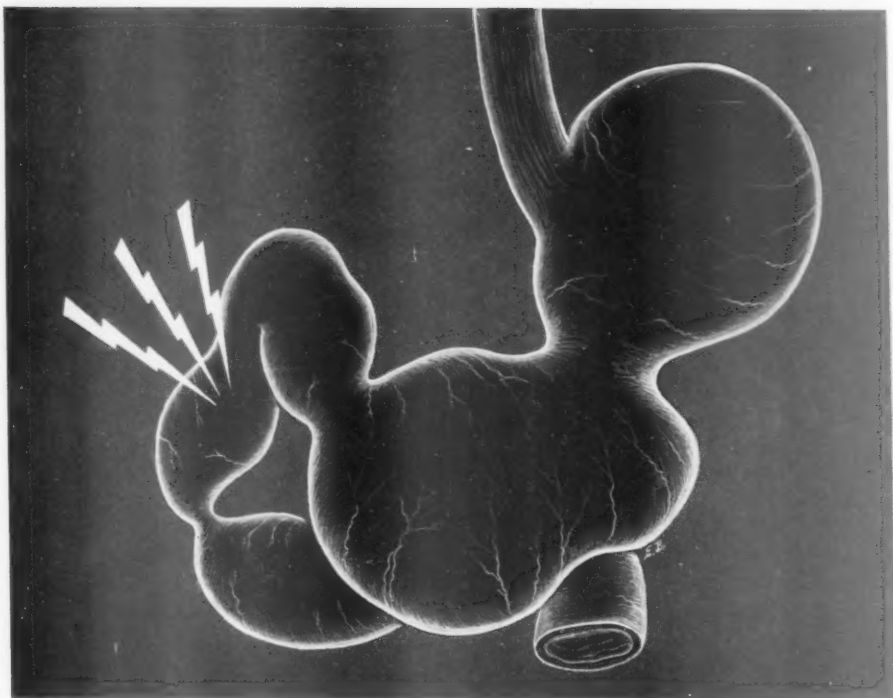
Some of the physiological variables which occur during the reduction of body temperature have been discussed.

The use of moderate and deep hypothermia is influenced by these variables which

serve to indicate the possible advantages as well as the safe limitations of the technic.

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Abnormal Motility as the Cause of Ulcer Pain

Until recently the general opinion was held that ulcer pain was primarily caused by the presence of hydrochloric acid on the surface of the ulcer.

Present investigations^{1,2} on the relationship of acidity and muscular activity to ulcer pain have led to the following concept of its etiologic factor:

"... abnormal motility² is the fundamental mechanism through which ulcer pain is produced. For the production and perception of ulcer pain there must be, one, a stimulus, HCl or others less well understood; two, an intact motor nerve supply to the stomach and duodenum; three, altered gastro-duodenal motility; and four, an intact sensory pathway to the cerebral cortex."

Pro-Banthine[®] has been demonstrated consistently to reduce hypermotility of the stomach and intestinal tract and in most instances also to reduce gastric acid-

ity. Dramatic remissions¹ in peptic ulcer have followed Pro-Banthine therapy. These remissions (or possible cures) were established not only on the basis of the disappearance of pain and increased subjective well-being but also on roentgenologic evidence.

Pro-Banthine Bromide (Beta-diisopropylaminoethyl xanthene-9-carboxylate methobromide, brand of propantheline bromide) has other fields of usefulness, particularly in those in which vagotonia or parasympathotonia is present. These conditions include hypermotility of the large and small bowel, certain forms of pylorospasm, pancreatitis and ureteral and bladder spasm.

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2. Ruffin, J. M.; Baylin, G. J.; Legerton, C. W., Jr., and Texter, E. C., Jr.: Mechanism of Pain in Peptic Ulcer, *Gastroenterology* 23:252 (Feb.) 1953.

SEARLE

The Washington Scene



A monthly news summary from the nation's capital by the Washington Office of the A.M.A.

For more than a year the administration has been attempting to work out a system of voluntary, contributory health insurance for Uncle Sam's two million or so civilian employees and their families. It would seem a simple thing to arrange, considering that most big employers have had similar plans in operation for years. At any rate, the plan is ready now for Congress to act on, but putting it together hasn't been easy.

First, there was the question of how to fit in the many already existing health insurance plans (some conducted by U. S. employee unions), and at the same time to offer coverage to government people working and living where no adequate insurance is being offered.

Also, there was wide disagreement as to how much of the premium the federal government should pay; in private industry, employers' contributions range from a small percentage to the entire cost. U. S. employees unions naturally thought the federal government should set an example in generosity.

The program was first outlined early in the year. It then was put on the shelf for two reasons: a few refinements had to be made, and Congress first had to decide how big a pay raise it was going to allow U. S. workers this year before thinking about a fringe benefit, such as health insurance. The whole program was sent to House and Senate just at the start of the adjournment rush, with the realization that not much could be hoped for this session.

The plan offers U. S. employees the option of signing up with a local non-profit service or indemnity plan, providing 75 per cent of the workers in the particular operation vote for a particular plan and providing that plan is approved by the U. S. Civil Service Commission. If the employees can't get together, or if no adequate plan is available locally, they can sign up for a uniform national indemnity plan to be underwritten by one or more large national insurance companies and negotiated by the Civil Service Commission. The proposed law itself lists specifically the original benefits that must be provided by the uniform plan, but authorizes the Commission to readjust them.

Regardless which type coverage the employee selects for himself and his family, the federal contribution would be figured the same

way. It could not exceed one-third of the total premium, or \$19.50 annually for a single person or \$52 for one with dependents, whichever figure is the lesser. If the uniform plan is chosen, the single employee could not be charged more than \$39 annually, or the one with dependents more than \$108 annually. But under any other plan, the employee would pay the difference between the U. S. contribution and the premium cost.

A system of major medical cost or catastrophic insurance also would be provided. Under it the employee would have to pay the first \$100 of cost, after benefits of the basic policy had been exhausted, before major medical cost benefits would become available. From that point on, until \$10,000 had been paid by the company, the employee would have to pay only 25 per cent.

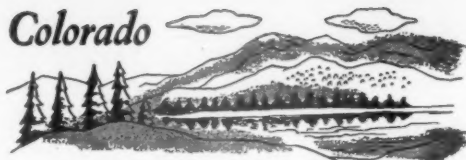
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The first major medical bill enacted was the extension for another two years of the doctor draft act, which for five years has been furnishing the Armed Forces and the Public Health Service with most of their doctors. Before passage, two changes were made in the law. The maximum age for induction was dropped five years. Under the old law a man could not be taken against his wishes after he had reached his fifty-first birthday; the new law reduced it to his forty-sixth birthday. Also, the law no longer applies to physicians and dentists who have reached their thirty-fifth birthdays and who have been rejected for a medical or dental commission at any time solely on the grounds of physical condition.

Defense Department points out that the man has to be able to demonstrate that he actually applied for a medical or dental commission and was rejected; a 4-F draft board classification is not sufficient. The department also said that the law will not result in the discharge of men already in uniform, even though they could not be inducted under the new law.

As adjournment approached, prospects were that not much more medical legislation would be enacted this session. Most likely of success was a proposal for U. S. grants to states to help finance Salk vaccine costs; the states would decide the priority of age groups, but in a public program there could be no "means test" to determine whether a family could afford to pay. Under this plan the states would receive a certain amount as a straight grant, based on the state's economic need and the number of un-inoculated children. If they wanted to put up dollar-for-dollar, the states also could draw on a second account. The bill does not set any limit on U. S. appropriations.

Two other possibilities were bills for a national survey of mental illness (which passed the House early in the session), and for U. S. grants to medical schools.



PROGRAM

Seventeenth Midsummer Radiological Conference

ROCKY MOUNTAIN RADIOLOGICAL SOCIETY

Denver, Colorado—August 18, 19, 20, 1955

All Meetings Held in the
Hotel Shirley-Savoy Lincoln Room
TAbor 5-2151

No Registration Fee

ENTERTAINMENT FOR LADIES

Thursday, August 18

6:00 P. M.—Informal Guest Speakers' Dinner with husbands. Shirley-Savoy Hotel.

8:00 P. M.—Cards and Conversation. Followed by Dutch Lunch with husbands.

Friday, August 19

12:30 P. M.—Luncheon, Denver Athletic Club. Presenting "Fashions and Facts on Fabulous Furs." Tickets Available at Registration Desk.

6:30 P. M.—Social Hour, followed by informal banquet with husbands. Shirley Savoy Hotel.

Saturday, August 20

6:00 P. M.—Central City. Dinner and Play.

GUEST SPEAKERS

(Arranged as they appear on the program)
Warren W. Furey, M.D., Chicago, Illinois.
Higdon B. Elkins, M.D., Iowa City, Iowa.
George Z. Williams, M.D., Bethesda, Maryland.

Isadore Meschan, M.D., Little Rock, Arkansas.

John W. Hope, M.D., Philadelphia, Pennsylvania.

THURSDAY MORNING, AUGUST 18

9:00-10:30—Registration. Empire Room, Shirley Savoy Hotel.

10:30-11:30—Address of Welcome, on behalf of Rocky Mountain Radiological Society, Alfred M. Popma, M.D., Boise, Idaho, President; American College of Radiology, Warren W. Furey, M.D., Chicago, Illinois, President; Radiological Society of North

America, Thomas Bond, M.D., Fort Worth, Texas, President; Colorado State Radiological Society, R. Parker Allen, M.D., Denver, Colorado President; Colorado State Medical Society, Samuel P. Newman, M.D., Denver, Colorado, President; Denver Medical Society, Cyrus W. Anderson, M.D., Denver, Colorado, President.

11:30-12:00—The Radiologist—Quo Vadis? Warren W. Furey, M.D., Chicago, Illinois.

12:00-1:45—Luncheon with Guest Speakers: Alfred M. Popma, M.D., President, Rocky Mountain Radiological Society, Presiding.

THURSDAY AFTERNOON, AUGUST 18

Alfred M. Popma, M.D., President, Rocky Mountain Radiological Society, Presiding

2:00-2:30—"Semiconductors in the Field of Radiology"—E. Dale Trout, Ph.D., Milwaukee Wisconsin.

2:30-3:00—"The Use of Radioactive Gold Intra-abdominally With Special Reference to Treatment of Carcinoma of the Ovary"—Higdon B. Elkins, M.D., Iowa City, Iowa.

3:00-3:30—"Effects of X-ray on the Mechanism of Carcinogenesis in the Liver"—George Z. Williams, M.D., Bethesda, Maryland.

3:30-4:00—Period for Visiting Exhibits.

4:00-4:30—"A Review of Cobalt 60 and Its Interstitial Uses"—Isadore Meschan, M.D., Little Rock, Arkansas.

4:30-5:00—"Clinical Stationary Field Therapy With a Cobalt 60 Unit. Part I and II."—Gilbert H. Fletcher, M.D., Houston, Texas.

5:00—Executive Session—For all members of the Society.

THURSDAY EVENING, AUGUST 18

6:00—Informal Guest Speakers' Dinner. All members, visiting radiologists, and wives invited. Shirley-Savoy Hotel.

8:00—Joint Meeting With Denver Medical Society—Cyrus W. Anderson, M.D., President, Denver Medical Society; Alfred M. Popma, M.D., President, Rocky Mountain Radiological Society.

Roentgen Film Diagnoses—Warren W. Furey, M.D., Moderator, Chicago, Illinois. Pannel: Isadore Meschan, M.D., Little Rock, Arkansas; Ralph

*By invitation.
All presentations must start and finish on time.

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infections including those caused by Gram-positive and Gram-negative bacteria, rickettsia, and certain viruses and protozoa. Furthermore, it is a *quality* product; every gram is made under rigid control in Lederle's *own* laboratory.

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Moore, M.D., Omaha, Nebraska; John W. Hope, M.D., Philadelphia, Pennsylvania; John P. McGraw, M.D., Houston, Texas.

Social Hour—Refreshments — Host: Colorado Radiological Society.

FRIDAY MORNING, AUGUST 19

Thomas J. Kennedy, M.D., Denver Colorado, First Vice President, Rocky Mountain Radiological Society, Presiding

- 9:00- 9:25—"Radiological Demonstration of Tumors of Sinuses and Nasopharynx"—John P. McGraw, M.D.*, Houston, Texas.
- 9:25-10:05—"Roentgen Fables of Infants and Children"—Part I: The Unfilled Chest, the Bulgy Neck, and the Shadowy Belly—John W. Hope, M.D., Philadelphia, Pennsylvania.
- 10:05-10:30—"Neoplasms of the Gallbladder"—Raymond W. Hammer, M.D.*, and Thomas J. Kennedy, M.D., Denver, Colorado.
- 10:30-11:00—Visit the Exhibits.
- 11:00-11:30—"A Continuing Problem—Gastric Ulcers"—Warren W. Furey, M.D., Chicago, Illinois.
- 11:30-12:10—"Ramifications in the Radiology of the Hand" — Isadore Meschan, M.D., Little Rock, Arkansas.
- 12:10-12:30—"Some Internal Abdominal Hernias" — Cyrus W. Partington, M.D.*, Denver, Colorado.
- 12:30- 1:50—Two separate Luncheons with half of the guest speakers in each room.†
- Red Tickets, Colorado Room.
Blue Tickets, Centennial Room.

FRIDAY AFTERNOON, AUGUST 19

John H. Freed, M.D., Secretary-Treasurer, Rocky Mountain Radiological Society, Presiding

- 2:00- 2:20—"Painful Ear Nodules (Winkler's Node or Chondrodermitis Nodularis Chronica Helicis.)"—H. Milton Berg, M.D., Bismarck, North Dakota.
- 2:20- 3:00—"The Scope and Limitations of Radiology of the Chest" — Isadore Meschan, M.D., Little Rock, Arkansas.
- 3:00- 3:30—"The Treatment of Thyroiditis"—Higdon B. Elkins, M.D., Iowa City, Iowa.
- 3:30- 4:00—Visit the Exhibits.

*By invitation.

†All presentations must start and finish on time.

‡The guest speakers will reverse rooms at tomorrow's luncheon. Members and visitors please attend in the same room each day.

4:00- 4:30—"Experimental and Therapeutic Studies on Radioactive Gold"—George Z. Williams, M.D., Bethesda, Maryland.

4:30- 5:00—"New Concept on Treatment of Breast Cancer"—B. V. A. Low-Beer, M.D.*, San Francisco, California.

5:00—Executive Session—For all members of the Society.

FRIDAY EVENING, AUGUST 19

6:30—Social Hour.

7:30—Banquet—Strictly Informal — Alfred M. Popma, M.D., Boise, Idaho, President, Rocky Mountain Radiological Society, Presiding.

Toastmaster: John S. Bouslog, M.D., Denver.

Entertainment: "Scenic Views of Colorado and Utah in the Four Corner Area."—Carl Blaurock, Denver. Music by "The Dixieland Dox."

SATURDAY MORNING, AUGUST 20

Alfred M. Popma, M.D., Boise, Idaho, President, Rocky Mountain Radiological Society, Presiding.

- 9:00- 9:15—Installation of Officers.
- 9:15- 9:35—"Cerebral Angiography in Intracranial Vascular Lesions"—Homer G. McClintock, M.D.*, Denver, Colorado.
- 9:35- 9:55—"Translumbal Aortography in Disease of the Aorta"—Robert V. Elliott, M.D.*, Denver Colorado.
- 9:55- 10:15 — Utero Salpingography; Studies in Sterility" — Thomas M. Fullenlove, M.D.*, San Francisco, California.
- 10:15-10:45—Visit the Exhibits.
- 10:45-11:05—"X-ray Examination in the Diagnosis of Appendicitis in Children"—Anthony F. Rossitto, M.D., Wichita, Kansas.
- 11:05-11:25—"Infantile Cortical Hyperostosis"—J. E. Miller, M.D., Dallas, Texas.
- 11:25-12:15—"Roentgen Fables of Infants and Children." Part II: Brats, Barium and Bowels—John W. Hope, M.D., Philadelphia, Pennsylvania.
- 12:15—Luncheons.†

SATURDAY EVENING, AUGUST 20

Trip to Central City

- 6:00—Dinner at the Teller House.
- 8:15—Play: "Bus Stop." Central City Opera House.

*By invitation.

†All presentations must start and finish on time.

‡Guest speakers and members please follow notes as for Friday's luncheons.

PROGRAM

Eighty-Fifth Annual Session

Colorado State Medical Society

SEPTEMBER 20, 21, 22, 23, 1955

DENVER, COLORADO

Headquarters: Shirley-Savoy Hotel

Official Call

To the Officers, Delegates, Committeemen and Members of the Colorado State Medical Society, Greetings:

The Eighty-Fifth Annual Session of the Colorado State Medical Society will be held at the Shirley-Savoy Hotel, Denver, Colorado, Tuesday to Friday, inclusive, September 20 to 23, 1955.

The House of Delegates will convene at 10:00 a.m., the Board of Trustees at 12:30 p.m., and the Board of Councilors at 2:00 p.m., Tuesday, September 20, and each subsequently as by them ordered.

The General Scientific Assembly will convene at 9:00 a.m., Wednesday, September 21, and subsequently according to the Program of the Scientific Program Committee.

SAMUEL P. NEWMAN,
President.

Attest:

HARVEY T. SETHMAN,
Executive Secretary

Denver, Colorado,
July 30, 1955.

CONDENSED SCHEDULE

(See General Program on Following Pages for Details)

TUESDAY, SEPTEMBER 20, 1955

All Day—Registration and Installation of Exhibits.

10:00 A.M.—House of Delegates. First Meeting, Colorado Room.

12:30 P.M.—Board of Trustees. First Meeting of Annual Session.

All Afternoon—Sports Events.

2:00 P.M.—Board of Councilors, First Meeting of Annual Session.

6:30 P.M.—Dinner, followed by Stag Smoker; Lincoln Room, Shirley-Savoy Hotel.

WEDNESDAY, SEPTEMBER 21, 1955

All Day—Exhibits Open.

8:30 A.M.—Registration Open.

9:00 A.M.-1:00 P.M.—General Scientific Assembly, Lincoln Room.

1:00 P.M.—Recess for Lunch.

2:00 P.M.-3:00 P.M.—Visit Scientific and Technical Exhibits.

2:00 P.M.—House of Delegates. Second Meeting, Colorado Room.

THURSDAY, SEPTEMBER 22, 1955

All Day—Exhibits Open.

8:30 A.M.—Registration Open.

9:00 A.M.-1:00 P.M.—General Scientific Assembly, Lincoln Room.

1:00 P.M.—Recess for Lunch.

2:00 P.M.-3:00 P.M.—Visit Scientific and Technical Exhibits.

2:00 P.M.—House of Delegates. Third Meeting, Colorado Room.

6:30 P.M.—Annual Banquet.

FRIDAY, SEPTEMBER 23, 1955

All Day—Exhibits Open.

8:00 A.M.—Registration Open.

8:00 A.M.—House of Delegates. Election Meeting, Colorado Room.

9:00 A.M.-1:00 P.M.—General Scientific Assembly, Lincoln Room.

1:00 P.M.—Recess for Lunch.

2:00 P.M.—Inauguration.

2:30 P.M.—Presidential Address, Lincoln Room.

3:00 P.M.-4:15 P.M.—General Scientific Assembly, Lincoln Room.

GENERAL PROGRAM

Eighty-Fifth Annual Session of the Colorado State Medical Society

Shirley-Savoy Hotel, Denver, Colorado,
September 20, 21, 22, 23, 1955

(All Scientific Meetings will be held in the Lincoln Room of the Shirley-Savoy Hotel.)

TUESDAY, SEPTEMBER 20, 1955

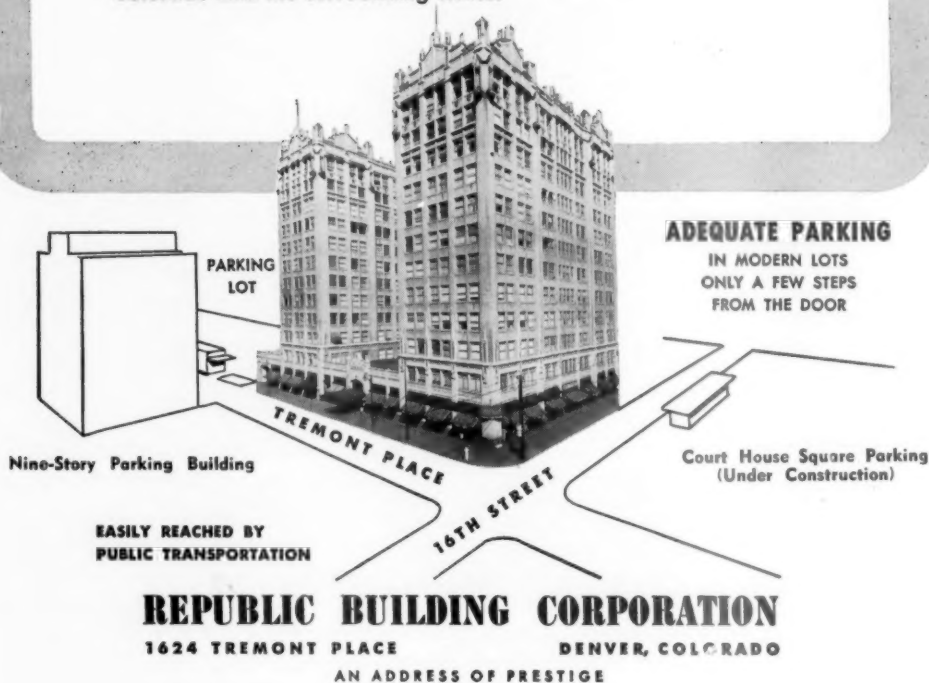
All Day—Registration and Installation of Exhibits, Lincoln Room Lobby.
Empire Room, Spruce Rooms,
Century Room.

MORNING

10:00—House of Delegates. First Meeting, Colorado Room. If necessary to complete the usual first meeting's work, the House may recess for lunch hour and reconvene in the afternoon.

Over 28 Years of Efficient SERVICE to the Medical and Dental Professions

The Republic Building management staff is exceedingly proud of its tenantry of men and women in the medical and dental professions. Much of this pride is revealed in the wide scope of special care and services which are rendered day-in and day-out by the management and employees of the building. Designed for their exclusive use, the Republic Building is the largest medical building in the Rocky Mountain region... serving families from throughout Colorado and the surrounding states.



AFTERNOON

- 12:30—Board of Trustees. First Meeting.
2:00—Board of Councilors. First Meeting.
All Afternoon—Sports Events.

EVENING

- 6:30—Dinner, followed by Stag Smoker;
Lincoln Room.

WEDNESDAY, SEPTEMBER 21, 1955

MORNING

- 8:30—Registration and All Exhibits Open, Empire Room; additional scientific and technical exhibits in the Spruce Rooms, Century Room, and the Lincoln Room Lobby.

GENERAL SCIENTIFIC ASSEMBLY

- 9:00—Opening Exercises and Call to Order by Samuel P. Newman, M.D., Denver, President.
Claude D. Bonham, M.D., Denver, Presiding Officer
9:05—"The Itching Vulva"—N. Paul Isbell, M.D., Denver.
9:20—"Radiologic Diagnosis of Certain Pelvic Disorders"—L. Henry Garland, M.D., San Francisco (Guest).
9:40—"Diagnosis of Pelvic Masses"—John C. Burch, M.D., Nashville (Guest).

10:00—Closed Circuit Television.

Direct telecast of Pelvic Disorders, originating from Denver General Hospital to a 12'x15' screen in the Shirley-Savoy Hotel, through cooperation of Wyeth Laboratories.

- 11:00—View the Exhibits.
11:30—"Differential Diagnosis of Low Back Pain"—Philip D. Wilson, M.D., New York City (Guest).
11:50—"Selection of Cases for Pelvic Surgery"—John C. Burch, M.D., Nashville (Guest).
12:10—Symposium on the Pelvis; Drs. John C. Burch, Philip D. Wilson, L. Henry Garland, W. W. Tucker, M.D., Denver, Moderator.
1:00—Recess for Lunch.

AFTERNOON

- 2:00—View Scientific and Technical Exhibits.
3:00—Adjourn.
2:00 P.M.—House of Delegates, Second Meeting Colorado Room.

EVENING

OPEN

THURSDAY, SEPTEMBER 22, 1955

MORNING

- 8:30—Registration and All Exhibits Open, Empire Room; Additional Scientific and Technical Exhibits in the Spruce Rooms, Century Room, and the Lincoln Room Lobby.

GENERAL SCIENTIFIC ASSEMBLY

Ervin A. Hinds, M.D., Denver,
Presiding Officer

- 9:00—"Medical Diseases With Joint Manifestation, Exclusive of Rheumatoid Arthritis"—Lawrence G. Christianson, M.D., Greeley.
9:15—"Reconstructive Surgery in Osteoarthritis"—Philip D. Wilson, M.D., New York City (Guest).
9:35—"Rheumatoid Arthritis"—Charles Ragan, M.D., New York City (Guest).
9:55—"Role of Physical Medicine in Chronic Joint Diseases"—George C. Twombly, Jr., M.D., Denver.

10:10—Closed Circuit Television.

Presentation of Joint Pathology, originating from Denver General Hospital to a special 12'x15' screen in the Shirley-Savoy Hotel, through cooperation with Wyeth Laboratories.

- 11:10—View the Exhibits.
11:40—"Radiologic Diagnosis of Joint Disease"—L. Henry Garland, M.D., San Francisco (Guest).
12:10—Symposium on the Joints; Drs. Philip D. Wilson, Charles Ragan, L. Henry Garland, Harry Hughes, M.D., Denver, Moderator.
1:00—Recess for Lunch.

AFTERNOON

- 2:00—View Scientific and Technical Exhibits.
3:00—Adjourn.
2:00 P.M.—House of Delegates, Third Meeting, Colorado Room.

EVENING

- 6:30—Social Hour.
7:30—Dinner Dance and Entertainment; Lincoln Room; sponsored by the Woman's Auxiliary to the Colorado State Medical Society.
8:30—Special Entertainment.
9:30—Dancing.

FRIDAY, SEPTEMBER 23, 1955

MORNING

- 8:00—Registration and All Exhibits Open, Empire Room; Additional Scientific and Technical Exhibits in the Spruce Rooms, Century Room and the Lincoln Room Lobby.
- 8:00—House of Delegates. Fourth Meeting, Colorado Room. (Election of Officers).

GENERAL SCIENTIFIC ASSEMBLY

William A. Liggett, M.D., Denver,
Presiding Officer

- 9:00—"Thrombotic Thrombocytopenic Purpura: Remission on Cortisone" — George H. Curfman, Jr., M.D., Denver.
- 9:15—"Tumors of the Adrenal Cortex" — James T. Priestly, M.D., Rochester, Minnesota (Guest).
- 9:35—"Corticotropin-Cortisones and Related Steroids in Clinical Medicine" — Charles Ragan, M.D., New York City (Guest).
- 9:55—"Rationale For Bilateral Adrenalectomy In Certain Advanced Malignancy" — Gerald Miller, M.D., Denver.

10:10—Closed Circuit Television.

Direct telecast to cover problems of Adrenal Pathology and allied conditions, from Denver General Hospital to a special 12'x15' screen in the Shirley-Savoy Hotel, through cooperation with Wyeth Laboratories.

- 11:10—View the Exhibits.
- 11:40—"Adrenal Insufficiency in the Surgical Patient"—William H. Wierman, M.D., and J. Robert Spencer, M.D., Denver.
- 11:55—"Tumors of the Medulla"—James T. Priestley, M.D., Rochester, Minnesota, (Guest).
- 12:15—Symposium on the Adrenals; Dr. James T. Priestley, Charles Ragan. Carl S. Gydesen, M.D., Colorado Springs, Moderator.
- 1:00—Recess for Lunch and to view Exhibits.

AFTERNOON

Harry C. Bryan, M.D., Colorado Springs,
Presiding Officer

- 2:00—Report of the Committee on Necrology — Frances McConnell-Mills, M.D., Chairman.

- 2:10—Summary of Actions Taken by House of Delegates.
- 2:20—Installation of Newly Elected Officers.
- 2:30—President's Address, Robert T. Porter, M.D., Greeley.
- 3:00—"Control of the Most Dangerous Element Known to Man"—Thomas L. Shipman, M.D., Los Alamos (Guest).
- 3:20—"Miracle Drug for Lead Poisoning"—Robert F. Bell, M.D., Denver.
- 3:30—"Use and Abuse of Intermittant Positive Pressure Breathing" — Alan Hurst, M.D., Denver.
- 3:45—"Prevention of Injuries and Death in Airplane and Automobile Accidents"—Horace E. Campbell, M.D., Denver.
- 4:00—"The Educational Program of the American Cancer Society Today"—V. V. Anderson, M.D., Del Norte.
- 4:15—Adjourn.

Guest Speakers



L. Henry Garland, M.D., San Francisco, California; Clinical Professor of Radiology, Stanford University School of Medicine; Visiting Radiologist in charge of Stanford Hospital; Consultant Radiologist to U. S. Veterans Administration, U. S. Armed Forces Institute of Pathology, Washington, D. C.



Philip D. Wilson, M.D., New York City; Surgeon - in - Chief — Emeritus — Hospital for Special Surgery; Director of Research, Hospital for Special Surgery; Emeritus Professor of Surgery (Orthopaedics) Cornell Medical College.

John C. Burch, M.D., Nashville, Tennessee; Professor of Gynecology, Vanderbilt University School of Medicine; Visiting Gynecologist, Vanderbilt University Hospital; Director of Burch Clinic; Visiting Surgeon, St. Thomas, Mid-State Baptist and Nashville General Hospitals.



Charles Ragan, M.D., New York City; Associate Professor of Medicine, Columbia University College of Physicians.

James Taggart Priestley, M.D., Rochester, Minnesota; Head of a section in the Division of Surgery, The Mayo Clinic; Professor of Surgery, The Mayo Foundation, University of Minnesota.



Thomas L. Shipman, M.D., Los Alamos, New Mexico; Division Leader, Health Division Office, University of California, Los Alamos Laboratory.

SPORTS EVENTS

As in previous years, all the sports events will be held on Tuesday afternoon which this year will be September 20. Members may compete in golf, bowling, and trap shooting.

The Golf Tournament will be held at the Wellshire Country Club. Participants may tee off at any time between 12:00 m. and 2:00 p.m. Tuesday. There is an entrance fee of \$2.00. Dr. Homer G. McClintock of Denver is in charge of arrangements for the golf tournament. Prizes will be offered.

A Trap Shoot will be held at the Denver Municipal Trap Club at Sloans Lake at 1:30 p.m. Tuesday. Cost of shells is the only expense. Prizes will be awarded and all members are welcome to shoot either for prizes or for fun.

The Handicap State Medical Bowling Meet will

be held. There will be an entrance fee and one of every four players will be "in the money." A trophy will be awarded.

The Stag Dinner will be held at 6:30 p.m., followed by entertainment. The Stag Smoker will be held in the Shirley-Savoy Hotel.

PROGRAM WOMAN'S AUXILIARY TO THE COLORADO STATE MEDICAL SOCIETY

September 20-23, 1955

Shirley-Savoy Hotel, Denver, Colorado
Registration and Information

10:00 A.M.-2:00 P.M.—Tuesday, September 20, 1955.

10:00 A.M.-2:00 P.M.—Wednesday, September 21, 1955.

10:00 A.M.-12:00 Noon—Thursday, September 22, 1955.

Tuesday, September 20, 1955

2:00 P.M.-5:00 P.M.—Tea at the home of Mrs. Thomas M. Van Bergen, 50 Eudora, Denver, Colorado, Denver Medical Auxiliary Hostesses. Transportation furnished.

6:30 P.M.—Cocktails, Cosmopolitan Hotel, Denver, Colorado, Century Room.

7:00 P.M.—Femme Fare Buffet and Morganti "Charm Highlights." \$3.50, tip and tax incl.

Wednesday, September 21, 1955

10:00 A.M.-12:30 P.M. — Pre-Convention Board Meeting, Lakewood Country Club.

1:00 P.M.—Luncheon, Lakewood Country Club, "Flowers for Milady," by Ryan Flowers. \$2.50, tip and tax incl.

Evening open for private entertaining.

Thursday, September 22, 1955

9:00 A.M.—Coffee, Cosmopolitan Hotel, Denver, Colorado, Club Room.

9:15 A.M.—Annual Medical Auxiliary Meeting, Cosmopolitan Hotel.

11:30 A.M.—Brunch, Cosmopolitan Hotel, Club Room. Door prizes. \$2.50, tip and tax incl.

6:30 P.M.—Social Hour, Shirley-Savoy, Denver, Colorado. Centennial Room.

7:00 P.M.—Dinner - Dance, Shirley-Savoy, Denver, Colorado. Lincoln Room. "Three Ring Circus." \$5.00 per person, tip and tax incl.

Checks for all Auxiliary activities and the State Banquet must be mailed by September 15, 1955, to Mrs. Howard F. Bramley, 2506 Glencoe Street, Denver 7, Colorado. Checks payable to Colorado State Medical Auxiliary.

INDOCTRINATION COURSE FOR NEW MEMBERS COLORADO STATE MEDICAL SOCIETY*

September 20, 1955

Denver Medical Society Building 1601 East 19th Avenue, Kent Room

- 9:00-9:10 A.M.—Welcome and explanation of the course—Samuel P. Newman, M.D., Denver, President.
- 9:10-10:10 A.M.—Structure and Functions of Organized Medicine — McKinnie L. Phelps, M.D., Denver.
- 10:25-11:10 A.M.—Cause and Prevention of Malpractice Suits—C. S. Bluemel, M.D., Denver.
- 11:10-12:00 Noon—Health Insurance—Its Position in Medicine Today—Fredrick H. Good, M.D., Denver.
- 12:00-1:00 P.M.—Recess for Lunch. Restaurants are not convenient to our meeting place. Box lunches will be available to those who wish to purchase them. Please inform your committee if you wish a lunch ordered for you. Cost is \$1.20, including beverage.
- 1:00-1:45 P.M.—The Meaning of Medical Ethics—Leo W. Bortree, M.D., Colorado Springs.
- 1:45-2:30 P.M.—Seven years' experience with the Board of Supervisors—Duane Hartshorn, M.D., Fort Collins, and David W. McCarty, M.D., Longmont.
- 2:45-3:30 P.M.—Modern Medical Public Relations—Harvey T. Sethman, Denver, Executive Secretary.
- 3:30-4:00 P.M.—Summary of Current Medical Society Policies—Samuel P. Newman, M.D., or his designee.

Indoctrination Committee: J. Lawrence Campbell, M.D., Chairman; Gunnar Jelstrup, M.D.; Fredrick H. Good, M.D.

*The indoctrination course was organized by the direction of the House of Delegates under the supervision of the Board of Trustees. All newly elected members of the Society are required to attend this course. The courses are held twice during the year, on the day before the opening of the Midwinter Clinics and Annual Session. All members of the Society are welcome to attend. Your suggestions and constructive criticisms are requested.

TECHNICAL EXHIBITORS

Empire Room and Lincoln Room Lobby

	Booth No.
Abbott Laboratories	28
Aloe, A. S., Company	33
Audio-Digest Foundation	23
Baker Laboratories, Inc.	A
Berbert, George & Sons, Inc.	40-41
Bilhuber Knoll Corp.	16
Burroughs Wellcome & Company (U. S. A.), Inc.	27
Camp, S. H. and Co.	19
Carroll Dunham Smith Pharmacal Co.	38
Ciba Pharmaceutical Products, Inc.	15
Coca-Cola Company, The	C
Colorado Medical Service, Inc.	9
Denver Fire Clay Company	7
Denver Oxygen Company, Inc.	25
Eaton Laboratories	42

Ediphone Company	13
Fischer, H. G. & Co.	43
Fleet, C. B., Company, Inc.	30
General Electric Company, X-Ray Dept.	35
Holland-Rantos Company, Inc.	5
Lederle Laboratories, Division, American Cyanamid Co.	8
Lilly, Eli and Company	26
M & R Laboratories	39
Maico of Colorado	11
Mead Johnson and Company	4
Medco Products Co., Inc.	12
Medical Dairy Specialties	32
Muckle Professional Equipment	24
Mullen, J. K. Investment Co.	36
Ortho Pharmaceutical Corporation	29
Pet Milk Company	3
Pfizer Laboratories	B
Picker X-Ray Corporation	37
Robins, A. H., Company, Inc.	44
Roerig, J. B., and Company	18
Sandoz Pharmaceuticals	22
Schering Corporation	34
Searle, G. D. & Company	17
Sears, Roebuck and Company	14
Sharpe & Dohme, Inc.	10
Squibb, E. R. & Sons	6
Technical Equipment Corporation	31
Warner Chilcott	20
Winthrop-Stearns, Inc.	21

Component Societies

BOULDER COUNTY

The regular meeting of the Boulder County Medical Society was held June 9 at the Boulder Country Club. Dr. Geo. Richardson of Boulder, speaker at the meeting, gave an illustrated lecture on his work and experiences as a physician in Burma.

B. A. YOST, Secretary.

Obituary

CARL WESLEY MAYNARD

On June 15, 1955, Dr. Carl W. Maynard died at Parkview Episcopal Hospital after a prolonged illness. He was born in Fairbank, Iowa, on July 10, 1886.

He attended various elementary schools in northwestern Iowa, and was graduated from Emmetsburg High School. He received his A.B. degree from Morningside College, Sioux City, Iowa, in 1905. He received his M.D. degree from Northwestern University and completed his internship in Cook County Hospital in Chicago.

For three years he was connected with a mining company hospital in Eleveth, Minnesota. In 1913 he came to Pueblo, Colorado, and established an independent pathological laboratory. He became associated with the Pueblo Clinic as one of the original founders in 1920. He remained as pathologist of that group until his death.

Dr. Maynard was a Past President of the American Society of Clinical Pathologists, a charter member of the Colorado State Pathologi-

cal Society, and a member of the College of American Pathologists. He was a Past President of the Pueblo County Medical Society, an active member of the Colorado State Medical Society, and a Fellow of the American Medical Association.

Private funeral services were held on Saturday, June 18, 1955. Surviving are his widow, Mabel H. Maynard, of 620 West 19th, Pueblo, Colorado, and two sons, Dr. Carl W. Maynard, Jr., and John T. Maynard, both of Wilmington, Delaware.

CURRENT CONSIDERATIONS OF TONSILLECTOMY WITH SPECIAL REFERENCE TO POSTOPERATIVE BLEEDING (Abstract)—
McLaurin, J. W., and Raggio, T. P.: J. Louisiana St. Med. Soc., 107:91 (Mar.) 1955.

Tonsillectomy is followed by complications more frequently than is generally realized, and it is the cause of more postoperative deaths than any other nose or throat operation. Poor technic and the custom of considering adenotonsillectomy as minor surgery account for large numbers of these complications and fatalities. Hemorrhage is the most frequent complication.

The authors doubt that remote tonsillectomy has anything to do with the development of poliomyelitis. Statistics are cited from the authors' practice to support their theory that antibiotics have no part in raising the incidence of post-tonsillectomy bleeding. Children under 20 months have only the adenoids removed and ade-

noidectomy precedes tonsillectomy in all patients. The usual solid food diet is promptly resumed.

Sulfathiazole gum is chewed for thirty minutes every four hours during the day. The authors routinely treat secondary bleeding with an intramuscular injection of double-strength U.S.P. posterior pituitary extract. They suggest the use of Aspergum if the throat is painful. While the salicylates lower the prothrombin time of the blood, this effect is not likely to occur if aspirin is taken in quantities after tonsillectomy.

In twenty-five consecutive cases given aspirin or Aspergum postoperatively, the prothrombin time was never below 80 per cent of normal. In most cases it was between 90 and 100 per cent of normal.

The authors feel that most cases of post-tonsillectomy bleeding are the result of infection and they never operate if there has been a recent infection, sore throat or cold, or if there is a temperature elevation.

With our heritage and modern scientific tools, plus a sustained intensive search for the facts and a fundamental belief in our capabilities, we will need only a little luck to bring about the eradication of tuberculosis in a much shorter time than now seems possible.—Floyd M. Feldmann, M.D., Bull. Nat. Tuberc. A., April, 1955.

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more potent
than other corticosteroids

lessened incidence
of sodium retention
and potassium depletion

*T.M.

METICORTEN, * brand of prednisone.

Utah



News Briefs

W. A. Melcher, M.D., has resigned his position as Weber County Physician, effective the first week of July. Dr. Melcher has held the position since the fall of 1952. In submitting his resignation, Dr. Melcher suggested to the Weber County Commission that they consider hiring a fulltime County Doctor. He said that the number of patients handled through his office has quadrupled since the time he took the position. County Hospital cases have increased five times during that period, he said. Dr. Melcher was graduated from the Medical School at the University of Nebraska in 1939. He served in the United States Army for five years. He said that he might leave the State, but his plans at the present were not definite.

U. R. Bryner, M.D., Salt Lake Physician, has been drafted to serve as Treasurer of the American Academy of General Practice. He will fill the position left vacant by the illness and resignation of Holland T. Jackson, M.D.

Last year Dr. Bryner completed a term as President of the Academy. He has been an officer of that organization since its establishment in 1947, having previously served as Treasurer and a member of the Board of Directors. He is a member of the Publication Committee of "GP," official magazine of the 20,000 member organization. Dr. Bryner is President-Elect of the Medical Staff of the L.D.S. Hospital. He has been in practice in Salt Lake City for twenty-one years.

Approximately 1,000 patients and friends of Philip J. Antrim, M.D., signed petitions asking that he remain and continue his practice in Tooele, Utah. The doctor, however, stated that he had committed himself to a position to enter practice in Kansas. Before leaving, he said he had definite plans of returning to practice in Tooele at some future date.

James Z. Davis, M.D., Salt Lake City, who is serving as Chairman of the State Board of Health, has been appointed to coordinate operations of the State Health Department in the absence of a health commissioner.

George A. Spendlove, M.D., who resigned several months ago, left that position June 15. Dr. Spendlove left the State to accept the position of Assistant Director of Public Welfare for the State of Washington.

Meanwhile, a Special Committee headed by

Charles Ruggeri, Jr., M.D., is continuing its search for a commissioner to replace Dr. Spendlove. Assisting Dr. Davis is Joseph P. Kesler, M.D., Assistant Public Health Director and Director of the State Children's Health Center at Fort Douglas, who has been appointed active director of the department.

In essence, the Health Department now has two heads, an acting director and a coordinator who will act until such time as a new commissioner is appointed. Dr. Davis previously served as Salt Lake City's Health Commissioner.

Aimed at better diagnoses of illness, new services have just been inaugurated at the L.D.S. Hospital in Roosevelt, Utah. The two new services are a hematology and urology test which will be given to all patients entering the hospital. Other special services include a glucose tolerance test, a blood chemistry report, a throat smears test and venereal disease tests. New x-ray equipment and facilities have been added to the hospital and, in addition, complete transfusion work can now be carried on.

The Veterans Administration Hospital at Miles City, Montana, has need of an internist who in all likelihood would serve as Chief of the Medical Service if he were a Board man or Board qualified.

John Cluff, M.D., has been appointed Councilor to the USMA from the Central County Medical Society to fill the position of R. N. Malouf, M.D., who left recently to enter practice at Logan, Utah.

Paul R. Milligan, M.D., held Orthopedic Clinics in Cedar City on June 5, and in Fillmore on June 7.

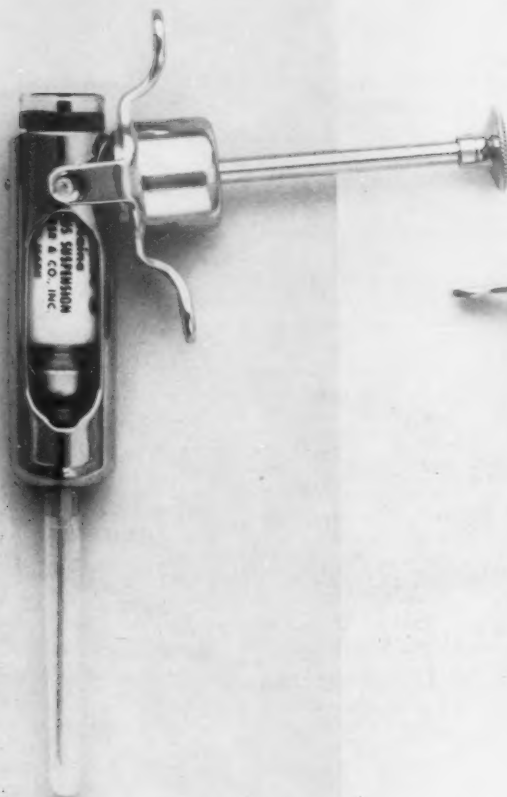
W. H. Brooks, M.D., of Rome, Georgia, has entered practice at Montecello, Utah, succeeding Jesse E. Simons, M.D., who left recently to enter residency training. Dr. Brooks is a graduate of Wake Forest College, Wake Forest, Carolina, and received his M.D. degree from Bowman Gray School of Medicine in Winston Salem, North Carolina. He interned at the North Carolina Baptist Hospital for his internship in obstetrics. He has also completed a general internship and surgical residence in the U. S. Marine Hospital in Norfolk, Virginia. He has been in general and surgical practice in Rome, Georgia, for the past five years.

John Caffey, M.D., a former Salt Laker, now professor of radiology at the Columbia University College of Physicians and Surgeons, spoke to three Utah medical groups June 29, on the subject, "Normal Variants of Diagnostic Significance in the Growing Skeleton." Dr. Caffey spoke to the Utah State Radiological, Pediatric and Orthopedic Societies in the Newhouse Hotel.

ELECTION

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Streptomycin Sulfate Solution—1 gram

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PROGRAM

Sixtieth Annual Meeting

OF THE

Utah State Medical Association

THURSDAY, FRIDAY and SATURDAY, SEPTEMBER 8, 9, 10, 1955

Lafayette Ballroom—Hotel Utah

The Sixtieth Annual Meeting of the Utah State Medical Association will be held in the Hotel Utah, September 8, 9 and 10. Complete program for this event is found on the following pages. The House of Delegates will meet one day preceding the annual meetings on September 7 at the Hotel Utah. A Scientific Program Committee has prepared an excellent program designed for the general practitioner and the specialist and has engaged speakers foremost in the various phases of medicine.

Elmer Hess, M.D., President of the A.M.A., will be the banquet speaker on Friday evening, September 9. Dr. Hess will also deliver a scientific paper on "Treatment of Kidney and Bladder Infections" Saturday morning, September 10. See complete program for other speakers.

The Women's Auxiliary is planning an excellent program for visiting doctors' wives.

More than eight hundred physicians from Utah and surrounding states are expected to attend the meeting. Mark your calendar now and write for reservations.

Thursday, September 8 MORNING

8:00—Registration.

8:45—Welcome: Charles Ruggeri, Jr., M.D., President, Utah State Medical Association.
Chairman: Charles Ruggeri, Jr., M.D., President, Utah State Medical Association.

9:00—"Neoplastic Disorders of the Blood and Blood Foreign Organs"—Maxwell M. Wintrobe, M.D., Ph.D., Professor and Head of Department of Medicine, College of Medicine, University of Utah, Physician-in-Chief, Salt Lake General Hospital, Chief Consultant in Medicine, Salt Lake Veterans Hospital.

9:30—"Surgical Treatment of Biliary Tract Disease"—Frank Glenn, M.D., Surgeon-in-Chief of the New York Hospital; and Lewis Attebury Stimson, Professor of Surgery in the Cornell University Medical School.

10:00—"Some Recent Advances in Cataract Surgery"—James S. Shipman, M.D., A.B., M.S., Attending Surgeon, Wills Eye Hospital; Clinical Professor of Ophthalmic Surgery, Graduate School, University of Pennsylvania; Assistant Professor, Jefferson Medical College, Philadelphia, Pennsylvania.

10:30—Recess To Visit Exhibits.

11:00—"Viral Diseases"—Gordon Meiklejohn, M.D., Member, Commission on Influenza, Armed Forces Epidemiological Board; Consultant, Commission of Neurotropic Virus Diseases, Army Epidemiological Board, in Japan and Guam, 1947-48; Professor of Medicine and Head of Department of Medicine, University of Colorado School of Medicine.

11:30—"Industrial Medicine"—Rutherford T. Johnstone, M.D., Chairman of the Section on Industrial Medicine and Public Health of the AMA; Director of the American Academy of Occupational Medicine; Director of the Industrial Medical Association (Nat'l.); Member of Council of Industrial Health of A.M.A. and House of Delegates of A.M.A.; Clinical Professor of Medicine at University of California.

12:00—Recess for luncheon on Roof Garden, Hotel Utah. Round-table discussion with speakers participating. Moderator: Charles Ruggeri, Jr., M.D., President, Utah State Medical Association.

Thursday, September 8

AFTERNOON

Chairman: R. N. Hirst, M.D., Ogden, Utah

2:00—"Mechanisms of Deep Somatic Pain—Anatomical and Physiological Observations"—Verne T. Inman, M.D., Professor, Orthopaedic Surgery, University of California, Medical School; Diplomate, American Board of Orthopedic Surgery, 1944; Medical Consultant to the Advisory Committee on Artificial Limbs of The National Research Council; Western Orthopaedic Association; Wilson Interurban Orthopaedic Club.

2:30—"Office Gynecology" — Carlton N. Price, M.D., Associate Professor, Ob and Gyn, Georgetown Medical School and Hospital; Associate, Columbia Hospital for Women, Washington, D. C.; Consultant, Ob and Gyn, Surgeon General, U. S. Army and Walter Reed General Hospital.

3:00—Recess To Visit Exhibits.

3:15—"Malpractice Litigation and Prevention Program"—Mr. Irwin J. Holman, Member of Law Department of A.M.A.; Secretary of Judicial Council.

3:45—"Co-operation Between the Medical Profession and Industrial Commission"—Mr. Otto Wiesley, Chairman of the Industrial Commission, State of Utah.

4:15—"Automobile Crash Injuries"—Horace E. Campbell, M.D., Fellow of the American College of Surgeons; Diplomate of the American Board of Surgery; Member of the Denver Academy of Surgery; Member of American College of Surgeons Subcommittee on Automotive Safety.

4:35—Movie.

EVENING

6:00—Social Hour, Newhouse Hotel.

7:00—Dinner and annual business meeting and election of directors of the Medical Service Bureau of the Utah State Medical Association (Utah's Blue Shield). Participating physicians will be guests of Blue Shield at both the social hour and the dinner.

Friday, September 9

MORNING

Chairman: J. Poulson Hunter, M.D., Salt Lake City

8:00—Motion pictures.

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PREDNISONE

Schering 

in rheumatoid arthritis

more potent
than other corticosteroids

lessened incidence
of sodium retention
and potassium depletion

*T.M.

METICORTEN,* brand of prednisone.

- 9:00—"The Role of the Pathologist in the Diagnosis and Management of Cancer of the Breast"—H. Russell Fisher, M.D., Professor of Pathology, University of Southern California; Pathologist, Huntington Memorial Hospital, Pasadena.
- 9:40—"New Approaches in the Management of Cancer of the Breast"—Charles L. Eckert, M.D., Associate Professor of Surgery, Washington University School of Medicine; Assistant Surgeon, Barnes Hospital, St. Louis, Missouri.
- 10:20—"Radiotherapeutic Approaches to Cancer of the Breast"—Richard H. Chamberlain, M.D., Professor of Radiology, University of Pennsylvania Medical School and Graduate School of Medicine.
- 10:30—Recess To Visit Exhibits.
- 11:00—Round-table discussion. Panel: H. Russell Fisher, M.D.; Charles L. Eckert, M.D.; Richard M. Chamberlain, M.D. Moderator: Danely P. Slaughter, M.D.
- 12:00—Recess For Luncheon.
A round-table luncheon in the Junior Ballroom, Hotel Utah, will be held for the four guest speakers and any interested members of the Utah State Medical Association. During the luncheon, there will be a talk on Recent Advances in Cancer Research.
- 12:15—Luncheon in the President's suite, Hotel Utah, for members of the Utah Chapter of the American Academy of General Practice. This is the annual business meeting and for the election of officers.

Friday, September 9

AFTERNOON

Chairman: M. K. McGregor, M.D.,
St. George, Utah

- 2:00—"Pathologic Aspects of Tumors of the Lip and Mouth"—H. Russell Fisher, M.D., Professor of Pathology, University of Southern California; Pathologist, Huntington Memorial Hospital, Pasadena.
- 2:40—"Roentgentherapy of Cancer of the Lip and Mouth"—Richard H. Chamberlain, M.D., Professor of Radiology, University of Pennsylvania Medical School and Graduate School of Medicine.
- 3:00—Recess To Visit Exhibits.

- 3:20—"The Surgical Treatment of Cancer of the Lip and Mouth"—Danely P. Slaughter, M.D., Director of Tumor Clinic, Illinois Research Hospital, Chicago; Director of Tumor Clinic and Chief of Surgery, St. Francis Hospital, Evanston; Director, Chicago Tumor Institute; Associate Professor of Surgery, University of Illinois.

- 4:00—Round-table Discussion. Panel: Danely P. Slaughter, M.D.; Richard H. Chamberlain, M.D.; H. Russell Fisher, M.D. Moderator: Charles L. Eckert, M.D.

EVENING

- 6:00—President's Reception for doctors and wives. (Place to be designated.)
- 7:30—President's Banquet, Layfayette Ballroom, Hotel Utah. Elmer Hess, M.D., President of A.M.A., principal speaker. "Medicine—Person to Person."

Saturday, September 10

MORNING

Chairman: George C. Ficklin, M.D.,
Tremonton, Utah

- 8:00—Motion pictures.
- 9:00—"Problems in Chemo-therapy"—Gordon Meicklejohn, M.D., Member, Commission on Influenza, Armed Forces Epidemiological Board; Consultant, Commission of Neurotropic Virus Diseases, Army Epidemiological Board, in Japan and Guam, 1947-48; Professor of Medicine and Head of Department of Medicine, University of Colorado School of Medicine.
- 9:30—"Treatment of Kidney and Bladder Infections"—Elmer Hess, M.D., President, American Medical Association.
- 10:00—"Mechanisms of Deep Somatic Pain—Clinical Significance"—Verne T. Inman, M.D., Professor Orthopaedic Surgery, University of Calif. Medical School; Diplomate, American Board of Orthopaedic Surgery, 1944; Medical Consultant to Advisory Committee on Artificial Limbs of the National Research Council; Western Orthopaedic Association; American Orthopaedic Association; Wilson Interurban Orthopaedic Club.
- 10:30—Recess To Visit Exhibits.
- 11:00—"Ophthalmology as It Concerns the General Practitioner and His Patients, Young and Old"—James S. Shipman, M.D., A.B., M.S., Attend-

ing Surgeon, Wills Eye Hospital; Clinical Professor of Ophthalmic Surgery, Graduate School University of Pennsylvania; Assistant Professor, Jefferson Medical College, Philadelphia, Pa.

11:30—"Indication and Contraindications of Surgical Treatment of Mitral Stenosis"—Frank Glenn, M.D., Surgeon-in-chief of the New York Hospital and Lewis Attebury Stimson Professor of Surgery in the Cornell University Medical College.

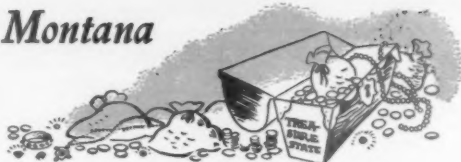
12:00—"Occupational Diseases: Their Diagnostic Approach" — Rutherford T. Johnstone, M.D., Chairman of the Section on Industrial Medicine and Public Health of the A.M.A.; Director of the American Academy of Occupational Medicine; Director of the Industrial Medical Association (national); Member of Council of Industrial Health of A.M.A. and House of Delegates of A.M.A.; Clinical Professor of Medicine at University of California.

12:30—"Indications for the Removal of Female Pelvic Organs" — Carlton N. Price, M.D., Associate Professor, OB and Gyn, Georgetown Medical School and Hospital; Associate, Columbia Hospital for Women, Washington, D. C.; Consultant, OB and Gyn, Surgeon General, U. S. Army and Walter Reed General Hospital.

A.M.A. AIDS HEALTH EDUCATION WORKSHOPS

Constant effort is being made by the American Medical Association to emphasize the role of the educator, physician and family in providing sound health education for our nation's school children. During this summer season, two staff members of the Bureau of Health Education—Fred V. Hein, Ph.D., and Donald A. Dukelow, M.D.—will attend nine school health workshops sponsored by universities, state education and health departments and voluntary health agencies. These workshops are designed primarily for teachers, school administrators, school nurses and interested physicians and dentists. The A.M.A.ers will not only offer their counseling services at these conferences but, also, in some instances, will present prepared papers on various aspects of school health and health services. States where the workshops will be held include: Arkansas, Florida, Maine, Minnesota, Missouri, North and South Dakota.

Montana



77th Annual Meeting

Montana Medical Association

The Montana Medical Association will hold its 77th Annual Meeting, September 15-18, in Bozeman, Montana. All of the scientific and business sessions, as well as the technical and scientific exhibits, will be held at the Student Union Building on the campus of Montana State College.

The scientific sessions will be held on Thursday, Friday and Saturday, between the hours of 9:00 a.m. and 3:30 p.m.; meetings of the House of Delegates will be held on each of these three days immediately following the adjournment of the scientific session. These business meetings of the House of Delegates of the Association will continue until approximately 5:30 p.m. on each day.

Among the scientific speakers who will be featured at this meeting are: Robert J. Bolt, M.D., Assistant Professor of Medicine, University of Michigan Medical School; Daniel C. Darrow, M.D., Professor of Pediatrics, Children's Mercy Hospital, University of Kansas School of Medicine; Benjamin Felson, M.D., Professor and Director of the Department of Radiology, University of Cincinnati College of Medicine; Sture A. M. Johnson, M.D., Professor of Dermatology, University of Wisconsin Medical School; Leonard A. Lang, M.D., Clinical Assistant Professor of Obstetrics and Gynecology, University of Minnesota Medical School; and Michael L. Mason, M.D., Professor of Surgery, Northwestern University Medical School.

On Thursday evening, September 15, the Association will hold its annual banquet and reception. The banquet will feature a well-known speaker who will present an address of importance on a subject of current interest to the profession. On Friday night, September 16, a dinner-dance, sponsored by the Association and the Gallatin County Medical Society, will be held. On Saturday evening, the social highlight will be a reception sponsored by the Montana Physicians' Service.

A cordial invitation is extended to all physicians in the Rocky Mountain area to attend this meeting of the Montana Medical Association. Physicians who wish to receive a copy of the final program are requested to write the Executive Office of the Association, P. O. Box 1692, Billings, Montana.



PROCEEDINGS
of the
HOUSE OF DELEGATES*
NEW MEXICO MEDICAL SOCIETY
73rd Annual Session, May 4, 5, 6, 1955

Hilton Hotel
Albuquerque, New Mexico

FIRST MEETING
Tuesday Evening, May 3, 1955

Dr. John F. Conway, President, New Mexico Medical Society, called the House to order at 7:30 p.m., and recognized Dr. Lewis Overton, Secretary-Treasurer, for the purpose of calling the roll of delegates.

The Secretary-Treasurer declared that forty-two delegates were present, which is more than a quorum.

On motion, regularly seconded, the Minutes of the Special Session of the House of Delegates, held August 28, 1954, were adopted without correction as published in the Rocky Mountain Medical Journal, October, 1954.

The President introduced Mrs. A. C. Rood, Albuquerque, President Woman's Auxiliary, who presented the following report of the year's activities of the Auxiliary.

"The theme that was chosen for us this year, on the national basis, was 'Leadership in Community Health.' We have made every effort to assume the goals of leadership in the role of community health in whatever neighborhood we found ourselves.

"We now number 254 in our membership, which really is about average on a national basis. Nationally we only have 66,000 members, and you men have 100,000, so we're doing a little better than some of the other states are doing, for which we are very proud, but we are not going to quit. We have seven auxiliaries organized, the eighth one has decided to become members-at-large this year. We have an opportunity for only two or three more auxiliaries. The remainder of our members will probably maintain their status as members-at-large.

"Our standing committees this year were: 1) Nurse Recruitment: We are proud to announce that we have three nurse scholarships in three of our auxiliaries, and we have girls in training on the scholarships; 2) Legislation: We were very active in legislation this year for you, for nurse recruitment and for mental health; 3) Public Relations: We had quite a bit of publicity on our Public Relations, although we feel that all of us have fallen short in that field. As doctors' wives, we think you don't toot your horns enough, so, if you don't mind, we'll toot them a little for you; 4) 'Today's Health': We are very proud of our record in the State of New Mexico. As you know, we have to take care of those subscriptions for you and we have ranked, since we started on a state basis, as first or second in the nation for our particular quota of our size state. At present we're ranking fourth, but I had a letter from Ann Stover saying that we're ranking again up to first or second; 5) Mental Health: We entered the field of Mental Health for the first time this year, and since it's new and wide-open we can only tell you that we have participated wherever we had the opportunity. We have girls who are volunteering directly in the

*Minutes are condensed from shorthand and tape recorder notes. Reports referred to, but not reproduced herein, were distributed to all members of the House of Delegates in advance of the Annual Session. Copies of all such reports are on file in the Executive Office of the Society and are available for study by any member of the Society.

mental health field, and we feel that it has a place for us; 6) American Medical Education Foundation: We were not as successful with A.M.E.F. as we had hoped we would be, so far as I know only one county has specific donations to give of any sizable amount; 7) Civil Defense: We did not have any day under Civil Defense and, as you know, there is going to be pressure for us for next year, and for you, too; 8) Hobby Exhibit: We are sponsoring the first annual hobby exhibit. This was at the request of Dr. Adler at our Public Relations meeting in January. We agreed that you men do not take enough time for relaxation, so this is our small part to try to help you to relax and have fun in something other than your vocation. . . . if you have any questions concerning the auxiliary's work, we'd be very glad to have the questions. If we can help you in any way other than what the girls are doing now, we'll be very glad to do so."

The President thanked Mrs. Rood for her report, and expressed appreciation of the Medical Society for the splendid work the Auxiliary is doing.

The President introduced Dr. Ernest Howard, Assistant Secretary to the American Medical Association.

Dr. Howard stated that he did not feel there is enough liaison between the medical and legal professions, between doctors and businessmen, between the national medical and businessmen's organizations. As an example, the U. S. Chamber of Commerce apparently has a very strong opinion about a proposed bill to provide Federal grants for indigent medical care and the A.M.A. has taken no action on it, either to approve or disapprove. The Chamber is backing it strongly. Dr. Howard reported that he was pleased to report that the President of the U. S. Chamber of Commerce would like to meet with the Board of Trustees of the A.M.A. to discuss the matter. He stated the need for more and more coordination of the medical association's plans and strategy with other groups, especially in the next few years both nationally and locally.

The President then asked Mr. Harvey Sethman, Managing Editor, Rocky Mountain Medical Journal, for a report of the Journal.

Mr. Sethman reported that the Journal had had a most successful year and that approximately \$1,000 had been added to the Surplus Fund for this year. There is a larger volume of scientific material than there has been for several years, and this is largely due to a very fortunate increase in advertising profit.

He stated that the Journal is current on publication of scientific articles, and both he and the General Scientific Editor are concerned that so few New Mexico doctors are submitting articles for publication. Mr. Sethman urged any doctors who have scientific articles suitable for publication, to submit them to Dr. Gellenthien, New Mexico Editor, as soon as possible.

On motion, regularly seconded and adopted without dissent, the actions of the Council at its meeting of Oct. 10, 1954, and Jan. 23, 1955, were approved as published.

The President called upon Dr. Lewis Overton, Secretary-Treasurer, for a Supplemental Report of the Council meeting held Wednesday, May 3, 1955. The President requested action on each item as submitted.

Dr. Overton stated that the Society has a request from the Commission for the Employment of the Handicapped that this Society nominate one or more physicians who have made an outstanding contribution to the employment of the handicapped. He stated that the Council recommends that the House of Delegates nominate a physician or instruct the new President to appoint a committee to study this and submit a nominee to the Council.

A motion was regularly seconded and adopted

that the President appoint a committee to select several candidates to be presented to the Commission and Governor of New Mexico for consideration of the award.

Dr. Overton stated that the Council recommends that if there will be one of our Public Health officials attending the National Conference of Physicians and Schools, that he be asked to represent the State Society at the Conference. A motion was regularly seconded and adopted, without dissent, that this portion of the Council report be adopted.

The Council recommends that a Committee on Veterans Affairs be established. A motion, regularly seconded and adopted without dissent, was made that this portion of the Council report be adopted.

The Council recommends approval of the following resolution from the New Mexico Pediatric Society:

Resolution

WHEREAS, There is general acceptance by many national and state scientific and professional organizations in the United States, Canada and elsewhere, of the principle of fluoridation of public water supplies to lessen the incidence of dental caries; and

WHEREAS, Various municipalities in New Mexico which now have or will have in the future such fluoridation under consideration and will be greatly influenced in their decision regarding this matter by the attitude of the medical profession as expressed by their official representatives; therefore

RESOLVED, That the House of Delegates of the New Mexico Medical Society go on record as being favorable to the properly controlled fluoridation of public water supplies, in those communities which so elect, to an amount where the concentration will provide maximum reduction in the incidence of dental caries, and that this action here taken be made generally known throughout the state.

A motion, regularly seconded, that the resolution be adopted was approved without dissent.

The Council recommends the approval of the following resolution, submitted by the Rocky Mountain Cancer Conference:

Resolution

WHEREAS, The American Cancer Society spends several thousand dollars annually to promote a Rocky Mountain meeting to disseminate the latest information concerning diagnosis and treatment of cancer to practicing physicians, and,

WHEREAS, This program deserves the support of the profession in all states of the Rocky Mountain region for whom this conference is primarily designed, and,

WHEREAS, The Colorado State Medical Society through its executive office and committees, assumes responsibility for arranging and conducting this meeting; be it therefore

RESOLVED, That the New Mexico Medical Society will use every means possible to promote this meeting through its committees and its publications that will result in a representative registration from this state.

Resolution was adopted without dissent.

The Council recommends that either the Society should increase the Executive Secretary's expense allowance from 7c a mile to 9c-10c a mile or for the Society to purchase an automobile. The Council feels that the Society would realize a savings of approximately \$500 a year by owning its own car.

A motion that the State Society should purchase a car was regularly seconded and adopted without dissent.

Dr. Overton reported that the Society books had been audited by Linder, Burk and Stephenson, and that the Auditors reported a total income of \$34,952.36. Expenses for the year exceeded income by \$1,665.78 which can be attributed to (1) increased travel; (2) investigation of health insurance in New Mexico; (3) legal expense, and (4) printing. Dr. Overton stated that the audit report showed a cash balance of \$23,803.48 in the bank. This is represented by

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and potassium depletion

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a checking account of \$19,076.45 and a savings account of \$4,727.03. On motion, regularly seconded, the Treasurer's report was approved without dissent.

In compliance with the Constitution, the Secretary-Treasurer presented the Budget for 1955-1956, which had been approved by the Council and recommends its passage to the House of Delegates. Total budget was \$32,375.80. This was regularly seconded and adopted without dissent.

The Council recommends that a bill of \$2,534.25 from New Mexico Physician's Service be paid, inasmuch as the bill was incurred as a result of the investigation of health insurance in the State and authorized by the House of Delegates at its 1954 meeting. A motion, regularly seconded, that the State Society approve the Council recommendation, was adopted without dissent.

The Council recommends that dues to the New Mexico Medical Society be increased \$25.00 per member, beginning Jan. 1, 1956. A motion, regularly seconded, that dues be increased by that amount was adopted. (See 2nd Session)

The Council recommends that the following report of the Advisory Committee to the State Health Department be approved:

1. That there be a priority schedule adopted regarding age groups receiving anti-polio vaccine, as follows: a. First Priority: First and Second grade children; b. Second Priority: Pre-school children from 6 months to school age; c. Third Priority: Through and including 9 years of age; all pregnant women; d. Fourth Priority: All others.

2. That the members of this Society shall not charge in excess of \$5.00 for each injection, including cost of vaccine.

3. That the members of the various local societies support any work with agencies in their communities that will furnish vaccine or money to be used for the purchase of vaccine to be given children unable to pay, without charge for professional service.

On motion, regularly seconded and adopted without dissent, the committee report was approved.

The Council recommends that the "Guiding Principles of Occupational Medicine" of the A.M.A. be approved. On motion, regularly seconded and adopted without dissent, the Principles were approved.

The Council requests that the House of Delegates elect G. O. Posey, M.D., Cimarron, to Emeritus Membership due to physical infirmities. On motion, regularly seconded, Dr. Posey was elected to Emeritus Membership, without dissent.

The Council requests that John J. Galvin, M.D., Santa Rosa, application for Member-at-large be approved, pending satisfactory references. On motion, regularly seconded, the House of Delegates authorizes the Council to grant Dr. Galvin membership upon obtaining satisfactory references.

The Council recommends that it be a policy of this Society that actions of the House of Delegates summarized and published in the Rocky Mountain Medical Journal be made available for public information, but that discussion and mechanics of reaching such decisions not be made public. On motion, regularly seconded and adopted, the Council recommendation was accepted without dissent.

The Council recommends that any resolution originating in the House of Delegates involving the expenditure of funds over and above that

budgeted for the current year shall be referred to the Council for further study and recommended action. On motion, regularly seconded, the Council recommendation was NOT approved.

On motion regularly seconded, the Supplementary Report of the Council was approved as acted upon by the House of Delegates, without dissent.

The President called for reports from committee chairmen who had not submitted a written report.

The first report was from Chairman of the Rural Health Committee, Michel Pijoan, M.D. Dr. Pijoan reported that he has compiled material for a pamphlet concerning a rural health picture in New Mexico—population, number of physicians, economics, social activities, maps, photographs, charts—by area. In some areas the economics simply will not afford a physician, yet the population needs medical care. He stated that the medical problems in some areas are extremely serious. Dr. Pijoan wanted the opinion of the House of Delegates as to whether this material should be published and said the Univ. of N. Mex. Press would like to publish it for the Society. However, Dr. Pijoan cautioned that the published material might be used as ammunition against the State Society, making it seem the Society is unaware of basic health problems in rural areas. Dr. Pijoan states that the Society is definitely aware of them but has not reached a decision as to what should be done about them.

It was the consensus of the House of Delegates that Dr. Pijoan should summarize this material and present it to the Council and House for their scrutiny and action.

On motions, regularly seconded, the House of Delegates approved the following committee reports which had been printed for the Delegates:

1. Board of Supervisors
2. Public Relations
3. Insurance Committee
4. Maternal and Infant Mortality
5. Legislative and Public Policy
6. New Mexico Physicians' Service
7. Committee on Selective Service
8. Advisory Committee to State Welfare Department

On motion, regularly seconded, the report of the Committee on Alcoholism was accepted as information, without going on record as approving its recommendations.

In compliance with Article XV of the Constitution and Chapter XI of the By-Laws, the report of the Committee on Constitution and By-Laws was received. (See 2nd Session.)

SECOND SESSION

Wednesday, May 4, 1955

The President, John F. Conway, M.D., called the Second Session of the House of Delegates to order at 8:30 a.m., and asked the Secretary-Treasurer, Lewis Overton, M.D., to call the roll of delegates. Forty-three registered delegates answered the roll call, which was more than a quorum.

The President pointed up that Article XII of the Constitution requires a four-fifths majority vote of the House of Delegates in order to increase the dues of the State Society. He further stated that at the First Session of this House a majority had voted in favor of the increase in dues; however, it was doubtful if it was a four-fifths majority, and asked the pleasure of the House in regard to reopening the subject.

On motion, regularly seconded, the subject was

reopened. It was regularly moved and seconded that the House cast a unanimous vote to raise the dues \$25.00 per member. There were three dissenting votes; motion was NOT adopted.

A motion, regularly seconded, that the dues be raised \$10.00 per member was withdrawn for the purpose of making a new motion.

A motion, regularly seconded, that the dues be increased \$15.00 per member was adopted by a standing vote with eighty per cent of the Delegates voting in favor of the motion.

A motion, regularly seconded, that Evelyn Frisbie, M.D., be awarded the 1955 General Practitioner Award of the State Society was approved without dissent.

Dr. Conway appointed Drs. H. A. Kline, Santa Fe, and J. S. Moore, Roswell, as tellers and then proceeded with the election of officers.

The President, Dr. Conway, stated that he wished to thank the members of the Medical Society for the courtesies and cooperation extended him during the past year. He expressed appreciation to his partner, Dr. Al Haynes, who stayed home and took care of the practice while he was away; and further appreciation to the Executive Secretary for his assistance. Particularly did he wish to thank the chairmen and members of the various committees for the tremendous work they accomplished during the past year.

The President announced that, since the office of President-Elect is unopposed, he had appointed two Past-Presidents, Drs. Coy Stone, Hobbs, and Carl Gellenthien, Valmora, to escort the new President of the New Mexico Medical Society, Dr. Earl L. Malone, Roswell, to the rostrum.

Dr. Malone, President, thanked the Delegates for their applause and for their confidence. He assured them of his willingness to fulfill their expectations as well as is humanly possible. He

announced the committee appointments would be made shortly, and it was his hope that each member would accept appointment to a committee, if asked. He concluded his remarks by reading Article II of the Constitution.

The President recognized Dr. A. S. Lathrop, Chairman of the Constitution and By-Laws Committee, for the purpose of making a report and pointed up that the amendments submitted to the previous session had lain on the table, as provided by Chapter XI of the By-Laws, and were now ready to be acted upon. He also said that amendments to the Constitution would have to lie on the table for one year.

Dr. Lathrop submitted the following amendments to the Constitution:

1. Article X should follow Article V, so is hereby changed to Article VI.

2. Section 2, of new Article VI, shall be changed to read: "The President, President-Elect and Vice President shall be elected annually; the Secretary-Treasurer shall be elected for a term of two years, and the Councilors shall be elected for a term of three years. Two Councilors therefore shall be elected annually. All these officers shall serve until their successors are elected and installed."

3. In the new Article VI, Section 3 shall be changed by adding "or inability to serve" after the word "death," so the new Sec. 3 will read "upon the death or inability to serve, of any officer," etc., as in the present section.

4. Article VII shall be changed by adding after "The Council shall consist of" the following words: "Six Councilors, one from each Councilor District, the President, President-Elect, Vice President, Immediate Past President and Secretary-Treasurer. The delegate to the A.M.A. is urged to attend the meetings of the Council in an ex-officio capacity."

5. The second paragraph, Article VII, shall be changed by deleting the last sentence, "Three Councilors shall constitute a quorum," and substituting for this the sentence: "Six voting members of the Council shall constitute a quorum."

6. Article VI is changed to new Article VIII. Article VIII is changed to new Article IX. And, Article IX is changed to new Article X.

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Amendments to the By-Laws:

1. To Chapter I, Section 1, add sub-head "D": "Residents, assistant residents, and interns, not licensed to practice medicine in the state of New Mexico, shall be granted the privileges of attending meetings and of participating in the scientific sessions of state or component county meetings of the Society. If the resident, assistant resident, or intern elects to become licensed in the state, he may apply after licensure for membership; if accepted for membership, it may be the privilege of the County Society in which he is a member to remit his dues during his term as resident, assistant resident, or intern."

2. Chapter II, Section 1: Delete "at the preceding annual session."

3. Chapter VII, Section 3: Delete "by any special committee created by the House of Delegates for this purpose" and substitute for this: "By the Board of Supervisors."

4. Chapter VIII, Section 1: Add "a Convention Committee, whose responsibility it is to select the convention site two years in advance and recommend such selection to the House of Delegates for action."

On motion, regularly seconded, the Amendments to the By-Laws were adopted, without dissent.

It was pointed up that Article VII of the Constitution is confusing and, inasmuch as the Constitution cannot be amended until the next annual session, the House of Delegates was requested to interpret this section to the effect that the officers named in the Article shall be voting members of the Council until such time as the Constitution is amended. By voice consent of the House the officers named in Article VII shall be voting members of the Council from this date, or until otherwise changed.

On motion, regularly seconded, the following resolution was adopted without dissent:

Resolution

WHEREAS, The Southwest Blood Bank of Albuquerque has for four years, under the auspices of the Bernalillo County Medical Society, not for profit, but for the benefit of humanity and assistance to the medical profession, provided countless thousands of units of whole blood to the poor as well as the rich, not sporadically and to a few individuals, but the whole public of New Mexico, often under the most difficult and trying circumstances, overcoming almost insurmountable problems of weather, time and distance;

WHEREAS, It has constantly maintained and improved the exacting standards imposed on it by the Public Health Service, as a federally licensed bank; now be it

RESOLVED, By the New Mexico Medical Association in convention assembled this 4th day of May, 1955, that we endorse the Southwest Blood Bank on a statewide basis.

On motion, regularly seconded, the following resolution was referred to the Insurance Committee of the Society for study and recommendations to be brought up at the next House of Delegates meeting, without dissent.

Resolution

WHEREAS, The general public has for years been confronted with a myriad of systems for the replacement and payment for whole blood used;

WHEREAS, Many of the people are not able to defray the cost of whole blood;

WHEREAS, Many of the people are not affiliated with a club or group, and having no relatives are unable to provide replacement donors;

WHEREAS, The Southwest Blood Bank, always seeking to be of further assistance to the people of New Mexico and the medical profession, have formed a subsidiary Hospital Service Plan, the objects and purposes for which it is established do not, and never shall, include pecuniary profit or private advantage;

WHEREAS, The objects and purposes of the Plan, known as the Southwest Blood Service Plan, shall be to provide for the payment of whole blood to such of the public as become subscribers;

WHEREAS, Each member of the New Mexico Medical Association has received a letter explaining the nature of this Blood Insurance Plan; now be it RESOLVED, By the New Mexico Medical Association in convention assembled this 4th day of May, 1955, that we endorse the objectives of the Plan on a statewide basis.

The President, having received the report of the Tellers, announced that the following doctors have been elected to office of this Society:

President: Earle L. Malone, M.D., Roswell.

President-Elect: Stuart W. Adler, M.D., Albuquerque.

Vice President: Samuel R. Ziegler, M.D., Española.

Secretary-Treasurer: Lewis M. Overton, M.D., Albuquerque.

Councilor, District No. 6: J. C. Sedgwick, M.D., Las Cruces.

Councilor, District No. 3: W. O. Conner, Jr., M.D., Albuquerque.

Board of Trustees, New Mexico Physician's Service: R. V. Seligman, M.D., Albuquerque; Omar Legant, M.D., Albuquerque; R. P. Beaudette, M.D., Raton; Owen Taylor, M.D., Artesia; Wendell Peacock, M.D., Farmington.

Board of Supervisors, New Mexico Medical Society: A. D. Maddox, M.D., Las Cruces; W. J. Hossley, M.D., Deming; Milton Floersheim, M.D., Raton; George Prothro, M.D., Clovis; Alfred J. Jensen, M.D., Hobbs.

A motion, regularly seconded, that the law requiring the use of Silver Nitrate in the eyes of the newborn be changed to include the use of Penicillin or Terramycin ointments be referred to the Advisory Committee to the State Health Department and that the Committee's recommendations be carried to the next session of the House of Delegates for action, was adopted without dissent.

There being no further business to come before the House of Delegates, the President declared the Seventy-third meeting of the House adjourned.

Respectfully submitted,
LEWIS M. OVERTON, M.D.,
Secretary-Treasurer.

A.M.A. COMPILES BIBLIOGRAPHY ON PROBLEMS OF AGING

An annotated bibliography on medical services relating to the aging has been prepared by the Committee on Indigent Care of the A.M.A.'s Council on Medical Service. This up-to-date listing contains references to books, pamphlets and magazine articles, some of which are available to physicians on a loan basis from the Council. The material has been classified according to the various aspects of the aging problem—medical, socio-economic, recreation, housing and general. Copies are available from the Council.

At the present time, tropical conditions are changing—somewhat in the way that communities in the United States and Great Britain were developing a century ago. People are leaving the country to live in large cities. They are starting heavy industries. Rural populations are getting mixed up with townfolk, and primitive stocks of people are attempting, for the first time, arduous occupations such as coal mining. All these changes lead to the social conditions which specifically favor tuberculosis. . . . We may expect an increase in tuberculosis in tropical areas during the next half century. — Harley Williams, M.D., Nat. Tuberc. A. Tr., May, 1954.

Wyoming



MINUTES

52nd ANNUAL MEETING WYOMING STATE MEDICAL SOCIETY

Laramie, Wyoming
June 13, 14, 15, 1955

PROCEEDINGS

Monday Afternoon, June 13, 1955

The Albany County Medical Society was host to Wyoming doctors during their 52nd Annual Meeting, held in Laramie, Wyoming, June 13, 14, and 15, 1955. The first business meeting of the House of Delegates was called to order in the Education Building Auditorium, University of Wyoming, at the hour of 1:45 o'clock p.m., Monday, June 13. Dr. Bernard J. Sullivan, President, of Laramie, called the meeting to order.

Dr. Sullivan then introduced Dr. George P. Lingenfelter, Denver, Colorado, Fraternal Delegate from the Colorado Society, and Mr. Harvey T. Sethman, Executive Secretary of the Colorado State Medical Society.

Dr. Sullivan called for a motion that the Minutes of the 51st Annual Meeting of the Wyoming State Medical Society, for the year 1954, be accepted as published in the Rocky Mountain Medical Journal, August, 1954, issue. This motion was made by Dr. Glenn W. Koford, seconded by Dr. S. J. Giovale, and carried.

Dr. Harlan B. Anderson, Chairman of the Credentials Committee, presented a report of his committee and read the list of Delegates from each County Society. Dr. Sullivan then called for a motion that the report as read by Dr. Anderson be approved. This motion was made by Dr. F. H. Haigler, seconded by Dr. Glenn O. Beach, and carried.

The next item of discussion concerned the proposed Amendment to the Constitution ("Article IX—Officers." Section I.) which was introduced at the 1954 Annual Meeting, and contained in the 1954 Minutes. After some discussion, Dr. Earl Whedon moved that the Amendment introduced in 1954 be defeated and that a new resolution be introduced in its place providing further clarity. Dr. R. D. Tebbet seconded the motion, and it was carried. Dr. Whedon's proposed resolution on this Amendment was referred to the Resolutions Committee for further study and re-writing. Dr. Wilbur Hart then made a further motion that a special committee be appointed to work out a resolution on this particular question and present it to the House of Delegates before the Annual Meeting was adjourned. The motion was seconded by Dr. R. D. Tebbet and carried. Dr. Sullivan then appointed a three-man committee to study this resolution. The committee consisted of Dr. Wilbur Hart, Chairman, Dr. Earl Whedon and Dr. George H. Phelps.

At this time Mr. Arthur Abbey read a telegram to the Delegates from Dr. James W. Sampson, stating he was unable to attend the 1955 Annual Meeting and wishing the Delegates success at this meeting.

Blue Shield Report

Dr. Glen Koford, Chairman, The Blue Shield Committee, next presented a report of his committee. This committee had previously been appointed by the President on the instructions of the House of Delegates to study a preferred Blue Shield insurance plan. After reading his report, Dr. Koford recommended the adoption of the plan which was formulated by the members of the State Society, and made a motion "that the Blue Shield report be accepted and that the preferred Blue Shield plan, as presented in the fee schedule that had been sent to each member of the State Medical Society, be accepted." After some discussion relative to the preferred Blue Shield plan, Dr. Koford made another motion "that the Blue Shield Committee report be accepted." Dr. James Barber seconded this motion. After a lengthy discussion relative to the merits of the preferred Blue Shield plan, on the service benefit plan, and the indemnity basis, Mr. Abbey read from the minutes of the 1954 Annual Meeting reminding the Delegates what was proposed at that meeting. After some further discussion, the motion of Dr. Koford to accept the Blue Shield Committee report, and seconded by Dr. Barber, was now carried.

After the Blue Shield Committee report was accepted, Dr. Koford made a motion "that the preferred Blue Shield plan, as prepared over the past years and presented to each member of the Society, be accepted." This motion was seconded by Dr. Edward J. Guilfoyle. Dr. Richard P. Fitzgerald then made a motion to "amend this motion that this very vital issue be deferred until the Wednesday afternoon meeting of the House of Delegates to allow for more dissemination of information from outside sources." This motion by Dr. Fitzgerald was seconded by Dr. R. D. Tebbet. After some further discussion relative to this subject, a vote was taken on the amendment of Dr. Fitzgerald's. The count was 13 for and 19 against this motion.

Before voting on the motion by Dr. Koford to adopt the plan of the Blue Shield Committee, Dr. Oscar L. Veach made a motion "to table the present motion (of Dr. Koford), which will defer it." This motion was seconded by Dr. Ben Leeper, and it carried.

At this time Dr. Sullivan introduced Mrs. Mason Lawson, President of the Woman's Auxiliary, American Medical Association, of Little Rock, Arkansas, who addressed the House of Delegates. Also introduced at this time was Mrs. Franklin Yoder of Cheyenne, President of the Woman's Auxiliary to the Wyoming State Medical Society.

The next item of discussion was a report on the group disability insurance plan offered by the Continental Casualty Company as discussed at the 1954 Annual Meeting, at which time Mr. C. N. Bell of Cheyenne discussed the plan offered to the Delegates. Dr. Harlan B. Anderson read a letter which was addressed to him as Secretary, Wyoming State Medical Society, from Mr. C. N. Bell concerning the status of this plan.

Liability Insurance

Dr. Eugene Pelton, member of the Medical Economics Committee, presented a report concerning medical practice insurance costs. He read a letter from the Insurance Commissioner of the State of Wyoming, enclosing also a report disclosing the rates of other states relative to medical practice insurance. Dr. Pelton suggested that the Wyoming State Medical Society continue to look into the matter of rising rates, and recommended that whoever is appointed on

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the Medical Economics Committee for the coming year should also continue this investigation, send out a questionnaire to all doctors in the state, similar to Colorado, and all compiled information be given to the Insurance Commissioner of the State of Wyoming in order to be assured that the situation is standardized and that any one company does not charge exorbitant rates. Dr. Pelton also read a letter from Dr. Paul Holtz of Lander in regard to the increase in medical practice insurance rates in Wyoming. After some discussion on the subject, Dr. Brendon Phibbs moved that this matter be investigated further and that the Medical Economics Committee investigate the possibility of setting up a mutually owned and operated insurance fund for medical practice insurance. This motion was then seconded and carried.

Mr. Ralph Nollner, of the Arthritis and Rheumatism Foundation, spoke briefly at this time to the Delegates.

After Dr. Sullivan announced the items to be discussed at later sessions, Dr. Franklin Yoder, State Director of the Public Health Department of Cheyenne, spoke briefly and introduced Dr. Francis Webber of the regional office of the Public Health Service of Denver, Colorado. Dr. Webber spoke of the U. S. Public Health Service inactive reserve corps and the civil defense program.

Dr. Brendon Phibbs presented a resolution relating to the passage of a new Medical Practice Act. This resolution provides that a special committee be appointed to work with the Legislative Committee for the specific purpose of drawing up and aiding in the passage of this Medical Practice Act. This proposed Act would be presented to the Society at the next Annual Meeting after which an active public information program would be implemented and so bringing public pressure to influence the 1957 Session of the Legislature for the passage of this Act. This resolution was then referred to the Resolutions Committee.

Amendments Proposed

Dr. R. D. Tebbet of Casper, on behalf of the Natrona County Medical Society, for the purpose of stimulating interest in the Wyoming State Medical Society, proposed several amendments to the Constitution and By-Laws. The amendments proposed would allow any member who attends the Annual Meeting to be a Delegate and to have a vote. These amendments would be tabled until the 1956 Annual Meeting to be acted upon. The following sections of the Constitution would necessarily be amended: "Composition of Association", Article IV, Section 3 — "Delegates"; Article V, "House of Delegates"; and Article VI, Section I, "Referendum." This proposed resolution was referred to the Resolutions Committee.

Dr. Ben Leeper then presented a resolution that the Medical Association of Wyoming endorse and support organization of the Wyoming Heart Association as an affiliate of the American Heart Association. This resolution was then presented to the Resolutions Committee.

Dr. James Barber proposed a resolution that the Blue Shield Board of Trustees adopt into its articles of incorporation a Committee on Fee Schedules. This committee would act for all problems relative to fee determination or settings, change in fees, etc., and would send its recommendations to the Blue Shield Board of Trustees for appropriate action. This committee would be composed of one general practitioner of medicine from each of the state's twelve county medical societies, and also one member from each

medical specialty group now represented in the State of Wyoming. This resolution was also referred to the Resolutions Committee.

Dr. Barber's second proposal related to the policies and election of the Blue Shield Board of Trustees. This board would consist of twelve trustees, never less than eight to be doctors of medicine and never less than three to be non-medical representatives; the trustees would be so elected that the term of four members would expire each year. This proposal was also referred to the Resolutions Committee for appropriate action.

Treasurer's Report

Dr. Carleton D. Anton was then called upon to give the Treasurer's report. Dr. Sullivan moved that the report as presented by Dr. Anton be accepted. The motion was seconded and carried.

The next item of business was the Secretary's report, given by Dr. Harlan B. Anderson of Casper. Dr. Anderson suggested that due to the confusion, that the present Constitution and By-Laws be rewritten and brought up to date. He stated that the President might appoint a committee to go over this problem. He also suggested that the duties and authority of the President, Vice President, President-elect, Secretary, Treasurer, Councilors, and House of Delegates be enumerated more fully. Another suggestion was that all committee chairmen should have their reports in the hands of the Secretary by the 15th of March of the next year so that the Delegates' Packet may be prepared and distributed to the Delegates by the 1st of May, and so that the County Society will have at least one month to determine their course of action and their Delegates before the Annual Meeting. He recommended that some of the committees of the So-

ciety presently have no function and should be abolished. He described those as The Child Health Committee, The State Laboratory and Blood Banking Committee, and the Fracture and Industrial Health Committee. He further stated that the Public Liaison Committee could well be combined with the Public Relations Committee. He also suggested that a copy of the Minutes of the Annual Meeting be sent to the President and Secretary immediately following the transcribing of the Minutes of the Annual Meeting. Dr. Anderson then gave his financial report, and the preparation of the Delegates' Packet.

Executive Secretary's Report

Mr. Arthur Abbey then read the Executive Secretary's report and the report of the council meetings. Dr. Wilbur Hart made a motion that the Executive Secretary's report on the council meetings as given by Mr. Abbey be approved. The motion was seconded by Dr. James Barber, and it carried. Dr. Harlan B. Anderson moved that the Executive Secretary's report (contingent on the Auditing Committee report) be accepted. This motion was seconded by Dr. James Barber, and it carried.

Dr. James Barber then made a report of the Auditing Committee. A motion was made to accept the report; this motion was seconded, and it carried.

The House of Delegates then adjourned until 4:00 o'clock p.m., Tuesday afternoon, June 14, 1955.

Tuesday Afternoon, June 14, 1955

The meeting of the House of Delegates was called to order by Dr. Sullivan at 4:15 o'clock p.m.

Dr. Sullivan read an invitation from Mr. David O'Day, Dean of the College of Pharmacy, University of Wyoming, to Delegates to visit the

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Dr. G. P. Lingenfelter of Denver then spoke about the organization of the Rocky Mountain Medical Conference now consisting of Colorado, Wyoming, New Mexico, Utah and Montana, which now constitutes a five-state conference. He stated he also hoped that Idaho would join in this conference of the Rocky Mountain States.

Dr. Sullivan then announced that Mr. Abbey has tentatively secured the dates of the 15th to the 25th of June in 1957 at the Rockefeller Foundation Lodge for the 1957 Rocky Mountain Medical Conference meeting.

Mr. Bruce Gifford, of the Health & Accident Underwriters Conference of Chicago, Illinois, then was introduced by Dr. Richard Fitzgerald, and he spoke to the Delegates and gave some background information relative to health and accident insurance coverage.

Resolutions Committee Report*

Dr. Oscar Veach then presented a report of the Resolutions Committee and outlined the resolutions received up to this point. These were as follows:

1. Resolution of appreciation, thanking the County Society, and the State and the University, etc. These resolutions of appreciation were approved by the Resolutions Committee.

2. Resolution that the Wyoming State Medical Society lend its full endorsement to the creation and support of a Wyoming Heart Association as an affiliate to the American Heart Association. This resolution was approved by the committee, and Dr. Veach recommended that this resolution be approved. Dr. S. J. Giovale moved that it be accepted; it was seconded by Dr. Richard Fitzgerald, and carried.

3. Resolution relating to the passage of a new Medical Practice Act. This resolution would provide that a special committee be appointed and work with the Legislative Committee for the specific purpose of drawing up and aiding in the passage of a new Medical Practice Act. The proposed Act will be presented for the approval of the Society at the next Annual Meeting. This proposed resolution was approved by the Resolutions Committee. Dr. S. J. Giovale made a motion that this resolution be accepted; it was seconded by Dr. R. D. Tebbet, and carried.

4. Resolution that the Blue Shield Board of Trustees adopt into its articles of incorporation a committee on fee schedules. Dr. Ben Leeper made a motion that this resolution be adopted. Dr. L. H. Wilmoth seconded the motion, and it carried.

5. Resolution proposed by the Natrona County Medical Society to amend several sections of the Constitution. The amendments proposed would allow any member who attends the Annual Meeting to be a Delegate and to have a vote. This resolution was tabled until the 1956 Annual Meeting.

Necrology Report

After Dr. Veach concluded reading the above resolutions, Dr. Sullivan referred the Delegates to the Delegates' Packet and the various reports therein contained. The first report was presented by Dr. Earl Whedon of the Necrology Committee. Dr. Whedon requested a moment of silence of the House of Delegates to pay respect to two members of the Society, Dr. George Baker of Casper and Dr. William Francis Smith of Lander, who passed away during the past year. Also Dr. Charles J. Reed of Upton who was not a member of the State Society but a member of the Northwestern County Medical Society. Dr.

Paul Holtz moved that this report be accepted; Dr. H. B. Anderson seconded the motion, and it carried.

As to the various reports contained in the Delegates' Packet, Dr. H. B. Anderson suggested that as the various committee reports in the packets have been sent to the County Societies, that they could all be accepted in a blanket motion unless there is some addition or correction by the chairman of that committee. Dr. Sullivan then suggested that as he referred to the reports from the Delegates' Packet, each chairman would be asked for any further comment or additional information in addition to the report referred to.

Routine Committee Reports

The first report from the Delegates' Packet was the report of the Advisory Committee to the Easter Seals' Society, as submitted by Dr. Albert Taylor. Dr. Taylor was not present and no further discussion was had relative to this report.

The next report from the Delegates' Packet was the report on the Gottsche Estate Committee, Dr. Franklin D. Yoder, Chairman. There was some discussion on this report by Dr. Yoder relative to the setup and administration of the Gottsche Foundation.

The next committee report was the Medical Defense Committee headed by Dr. James W. Sampson, Chairman. There was no report and the committee was abolished.

The next report was the Medical Economics Committee report, Dr. Eugene Pelton, Chairman. There was no further report other than that contained in the Delegates' Packet.

With reference to the Mental Health Committee, Dr. Don W. Herrold, Chairman, there was some discussion relative to the mental health problem.

The next report referred to in the Delegates' Packet was on the Committee for Professional Review, Dr. J. Cedric Jones, Chairman. Dr. Jones stated he had nothing further to add, but did want to thank Dr. Barber and Dr. Dixon for their assistance.

The next report referred to was from the Public Policy and Legislation Committee, Dr. DeWitt Dominick, Chairman. Dr. Dominick was absent and there was no discussion relative to this report.

Relative to the report from the State Institution Advisory Committee, Dr. Joseph F. Whalen, Chairman. Dr. Whalen was absent and no discussion was had relative to this report.

The Poliomyelitis Committee, Dr. L. J. Cohen, Chairman, and the Committee of Veteran's Affairs and Military Service, Dr. G. M. Harrison, Chairman, had nothing further to report and there was no discussion.

The Maternal Welfare Committee, Dr. Oscar J. Rojo, Chairman, was next heard from. Dr. L. H. Wilmoth stated that Dr. Rojo had left the committee, and he urged the doctors in attendance that the questionnaire sent out by the State Board of Health be taken seriously and that they be filled out in the case of a stillbirth or a lost baby.

The next committee report was the Cancer Committee report, Dr. Joseph A. Gautsch, Chairman. Dr. Gautsch stated he had nothing further to add other than what is contained in the report in the Delegates' Packet.

The next report was from the Public Relations Committee, Dr. J. S. Hellewell, Chairman. Dr. Hellewell urged that when the Delegates return to their respective towns, that they get their public relations manual out again and review it before the County Society to determine if anything further can be done in regard to

*For text of resolutions adopted, see Page 744.

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public relations. Mr. Abbey stated he had extra copies of this manual, put out by the American Medical Association, and would furnish it to anyone wishing to obtain it.

The next report referred to was The State Laboratory and Blood Banking Committee report by Dr. Donald L. Becker in the Delegates' Packet. Dr. Sullivan suggested that doctors in Wyoming should try to be more scientific about the signing of death certificates.

The next report was that of the Fracture and Industrial Health Committee, Dr. Paul J. Preston, Chairman. Dr. H. B. Anderson reported that the report is complete, and it was recommended that this committee be disbanded.

At this time Dr. Hellewell suggested that the Public Relations Committee and the Public Policy and Legislation Committee be consolidated in order to cut down the number of committees.

The next report was that of the Advisory Committee of Woman's Auxiliary, Dr. W. Hart, Chairman. Dr. Hart reported that there was no additional information.

The next report referred to was the Public Health Liaison Committee report, Dr. A. T. Sudman, Chairman. Dr. Sudman called attention to the first paragraph of his report contained in the Delegates' Packet wherein he stated he wondered if there is sufficient need for this committee or whether its work could be well handled through the Executive Committee or the Council. Dr. Sudman stated he felt that a lot of these committees could be combined and save time.

There was nothing further to add relative to the following three committees other than the reports contained in the Delegates' Packet: Council on National Emergency Medical Service Civil Defense, Dr. George H. Phelps, Chairman; Report on the Rocky Mountain Medical Journal by

Dr. Claude D. Bonham, President, The Colorado State Medical Society; and the Judicial and Advisory Committee, Dr. F. H. Haigler, Chairman.

In regard to the Rocky Mountain Medical Conference Committee, Dr. H. L. Harvey, Chairman, Dr. Sullivan stated two members would be elected to this committee in addition to the present four now serving to handle plans for the 1957 Rocky Mountain Medical Conference meeting.

The next report was from The American Medical Education Fund Committee, Dr. J. Cedric Jones, Chairman. Dr. Jones made a brief talk on the status of this committee and gave some suggestions for the incoming President.

Dr. Russell I. Williams, Chairman, The Time and Place Committee, made a report at this time. Dr. Williams gave a rundown on the Jackson Lodge for next year's Annual Meeting. He stated that the dates requested, June 21, 22 and 23, were not acceptable to the Jackson Lodge, but that the dates of June 28, 29, 30, and July 1 for the 1956 meeting were acceptable, and these were the only four days open at the Lodge. Dr. Williams further gave the rates, accommodations, entertainment, etc., at the Jackson Lodge. Dr. Hart moved that the House of Delegates approve the location and dates for the 1956 Annual Meeting. This motion was seconded by Dr. Phibbs, and it carried.

Dr. Sullivan then announced that the remainder of the committee reports would be heard on Wednesday, June 15.

Dr. Frank Barrett of Cheyenne gave a preliminary report at this time concerning the possibility of writing a history of medicine in Wyoming, this investigation requested by the Board of Councilors. He stated that it is possible and very desirable to write it as soon as possible

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because of the fact that there are a number of doctors who had a big part in the affairs of medicine in the early days still alive, but if this project is delayed too much longer it will lose all the value of their interviews, etc. Dr. Barrett further stated that the sum of \$2,000 would be necessary to commence this project, this sum to be used possibly in supporting a grant for a postgraduate student at the University of Wyoming, Department of History, and to be used for expenses incurred such as secretarial help, in obtaining interviews, etc., of the doctors and the people in the state. A further report would be given Wednesday, June 11, concerning this project.

The House of Delegates then adjourned until Wednesday, June 15, 1955, at 2:30 o'clock p.m.

Wednesday Afternoon, June 15, 1955

The meeting was called to order by Dr. Sullivan at 2:45 o'clock p.m.

Dr. Sullivan introduced Dr. Pierce, head of the Veterans Administration Hospital at Cheyenne, Wyoming, to the Delegates. Dr. Pierce spoke briefly on the operation of the VA Hospital and the program carried on for the care of veterans.

Continuing with the committee reports, the following committees had nothing further to report: Child Health Committee, Dr. Lawrence J. Cohen, Chairman; Blue Cross Hospital Committee; and the Wyoming State Advisory Committee to Selective Service, Dr. S. S. Zuckerman, Chairman.

Committee Reports Adopted

Dr. Sullivan then called for a motion to accept all the committee reports en masse. Dr. Hinrichs made a motion that all committee reports heard from to the present time be accepted; this motion was seconded by Dr. Haigler, and it carried.

Blue Shield Problem

The next item on the agenda was a discussion of the Blue Shield problem. Dr. Haigler of Casper, Chairman of the Natrona County Medical Society, spoke to the Delegates in regard to his County Society's stand on the problem. After further discussion, Dr. Paul Holtz moved that the House accept the preferred Blue Shield plan with a \$4,500 income service limit, and that the fee schedule of \$300 be adopted. The motion was seconded by Dr. Benjamin Gitlitz.

At this time Dr. Brendon Phibbs proposed an amendment that indemnity plans be made available with higher premiums and higher fee schedules; in other words, preferred indemnity plans above the service income level. Another amendment that Dr. Phibbs proposed was relative to the level of the actual service income, to-wit: That instead of the \$4,500, there would be added to the present \$3,000 limit whatever the actual cost of living increase represents since 1948 to the present time. After some further discussion, Dr. Sullivan suggested that the House accept the preferred plan at the \$4,500 service level, with instructions to the new President that he appoint a committee, one member from each component society, and that they investigate the other problems for the other types of insurance.

After some further discussion on this problem, Dr. Sullivan asked for a restating of the motion. Dr. Phibbs then made the motion as follows: "First, that the indemnity preferred contract, if the committee feels desirable, be made available to any income group above the service benefit level; second, that the level of income at which the service plan is to be set be

determined by the Blue Shield Committee by simply taking the \$3,000 base from which they started, and increasing that to draw it in line with the increase of the cost of living since 1948, which will bring it around \$4,000." Mr. Abbey then reminded the Delegates that this base was adopted from Colorado, and it was taken in 1940, not 1948.

Final Blue Shield Action

After a short recess, Dr. Phibbs withdrew the above two amendments which he offered to Dr. Holtz's motion. Dr. R. D. Tebbet of Casper then stated that Natrona County would approve the \$4,500 plan, as stated in Dr. Holtz's motion, but contingent on the acceptance by the Blue Shield Board of Trustees of the resolution presented at the Tuesday meeting, the resolution being that the Blue Shield Board of Trustees adopt into its articles of incorporation a committee on fee schedules. This resolution relating to the adoption of a committee on fee schedules was read in its entirety by Mr. Abbey at this time, and he informed the Delegates that this entire resolution passed by the Board of Trustees except the wording of the specialties, this being the only portion of it that has to be changed. Dr. A. T. Sudman then moved that this amendment be approved; it was seconded by Dr. Oscar Veach, and it carried.

The motion made by Dr. Holtz to accept the preferred Blue Shield plan with a \$4,500 income service limit and the adoption of a \$300 fee schedule, and seconded by Dr. Gitlitz, was now voted on and it carried.

At this point, Dr. Phibbs read a resolution "that a committee of this Society be appointed to work with the State Insurance Examiner to study the medical insurance plans available, draw up a list of requirements for an acceptable, adequate medical insurance . . . and publicize a list of those plans only which meet these requirements." After some discussion of this resolution, Dr. Hinrichs moved that the House of Delegates approve the resolution as read; it was seconded by Dr. Fitzgerald, and it carried.

Dr. Barrett then presented a further report on the proposed writing of the history of medicine in Wyoming. He reiterated the fact that it should be done in the very near future, since some of the doctors now in practice could contribute valuable information. Dr. Barrett further stated that the University of Wyoming may subsidize a considerable portion of the work, and Dr. Larson of the History Department has shown great interest in this project. Dr. Barrett then made a motion that \$2,000 be set aside for this project to guarantee its publication. Dr. Hinrichs seconded the motion, and it carried.

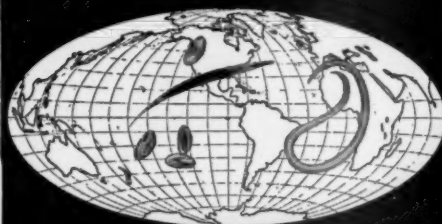
At this point, Dr. Sullivan, as President of the Wyoming State Medical Society, made a speech to the Delegates in attendance.

Blue Shield Trustees Elected

At this time, nominations were received for election to the Blue Shield Board of Trustees. The following were nominated: Dr. Phibbs, Dr. Leeper, Dr. Anderson, Dr. Haigler, Dr. Tebbet, Dr. Gitlitz, Dr. Hinrichs and Dr. Pelton. After Dr. Leeper and Dr. Pelton withdrew from consideration, Dr. Fitzgerald moved that the nominations be closed; it was seconded and carried. The following four members were elected to the Blue Shield Board of Trustees: Dr. Hinrichs, Dr. Haigler, Dr. Tebbet and Dr. Phibbs.

Dr. Sullivan at this time stated that there were no changes in the fee schedule contract of the Wyoming State Medical Society with the Veterans Administration for the renewal of the con-

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tract for the period July 1, 1955, to June 30, 1956. It was moved, seconded, and carried that this contract be accepted.

Dr. George Phelps then read a resolution "that the House of Delegates of the Wyoming State Medical Society is in favor of a voluntary system of Federal distribution of polio vaccine among the states . . . and that the system of distribution of polio vaccine with the individual states be left to each state to decide." Dr. Fitzgerald moved that this resolution be accepted; it was seconded by Dr. Jack R. Rhodes, and it carried.

Dr. Wilbur Hart now gave a report relative to his committee which was appointed to study the clarification of an amendment to the Constitution ("Article IX—Officers." Section I.) which was discussed at the 1954 Annual Meeting and also discussed on Monday, June 13. Dr. Hart asked the Chairman to entertain a motion from the floor that this report be accepted. After some discussion, Dr. Ben Leeper moved that Dr. Hart's report be accepted; it was seconded by Dr. Fitzgerald, and it carried. The Amendment to the Constitution which was introduced was passed and placed on the table until next year.

By-Laws Revision Proposed

Dr. Anderson made a motion that a committee be appointed by the next President to revise the Constitution and By-Laws of the Society and to bring them up to date, because of the confusion this year and in past years brought about by the fact that numerous things have been put in the minutes of the various meetings but have not been incorporated. This motion was seconded by Dr. Tebbet, and it carried.

Nominating Committee Report

Mr. Abbey then read the report of the Nominating Committee which enumerated the following nominations: for President-elect, Dr. Hellewell; for Vice President, Dr. Anderson and Dr. Kattenhorn; for Secretary, Dr. Morgan and Dr. Gitlitz; for Treasurer, Dr. Anton; for a one-year term of the Council replacing Dr. Jones' vacancy, Dr. Nels Vicklund; for Council for the three-year term for Dr. Whedon's vacancy, Dr. Booth and Dr. Veach; for the three-year term on the Council for Dr. Holtz's vacancy, Dr. Stack and Dr. Hinrichs of Douglas; for the Professional Review Committee, two-year term, two members to be elected, Dr. Lowe and Dr. Sampson; for the Cancer Committee, Dr. Durham; for the Selective Service Committee, one to be elected for a three-year term, Dr. Zuckerman; for Blue Cross Hospital, trustee for a four-year term, Dr. Haigler; for the Rocky Mountain Medical Conference, two to be elected for a four-year term, Dr. Phelps and Dr. Whedon. Dr. Phelps moved that the report of the Nominating Committee be accepted as read. This motion was seconded by Dr. Holtz.

Election of Officers

After the report was read, Dr. Sullivan called for nominations from the floor relative to the office of President-elect. Dr. Holtz moved that the nominations be closed relative to the office of President-elect; this was seconded by Dr. Tebbet and it carried. Dr. Joseph S. Hellewell, therefore, unanimously elected to the office of President-elect.

Regarding the office of Vice President, Dr. Fitzgerald moved that the nominations be closed; this was seconded by Dr. Haigler, and it carried. After a vote, Dr. Harlan B. Anderson was elected to the office of Vice President.

Relative of the office of Secretary, Dr. Fitzgerald moved that the nominations be closed; this was seconded by Dr. Haigler, and it carried.

After a vote, Dr. Benjamin Gitlitz was elected to the office of Secretary.

Regarding the office of Treasurer, Dr. Sullivan called for further nominations from the floor. Dr. Hart nominated Dr. Hinrichs. Dr. Hinrichs withdrew from consideration. It was then moved, seconded, and carried that the nominations be closed. Dr. Phelps moved that the Secretary be instructed to cast a unanimous ballot for Dr. Anton for Treasurer. This motion was seconded by Dr. Fitzgerald and it carried. Dr. Carleton D. Anton, therefore, was unanimously elected to the office of Treasurer.

Dr. Sullivan called for nominations from the floor relative to the office for a one-year term on the Council made vacant by Dr. Cedric Jones. Dr. Hart nominated Dr. Morgan, but he later withdrew this nomination. Dr. Rhodes then moved that the nominations cease and that the Secretary be instructed to cast a unanimous ballot for this office. Dr. Fitzgerald seconded the motion, and it carried. Dr. Nels Vicklund, therefore, was unanimously elected to the one-year term of office on the Council.

Dr. Sullivan then called for further nominations from the floor for the three-year term on the Council replacing Dr. Holtz. Dr. Hellewell moved that the nominations be closed; it was seconded and carried. After a vote, Dr. William A. Hinrichs of Douglas was elected to this office.

Relative to the second three-year term on the Council to replace Dr. Whedon, Dr. Sullivan called for further nominations from the floor. Dr. Hart nominated Dr. Morgan. Dr. Fitzgerald then moved that the nominations be closed. It was seconded by Dr. Rhodes and carried. After a vote, Dr. Loren B. Morgan was elected to this office.

Relative to the Professional Review Committee, Dr. Sullivan called for further nominations from the floor. Dr. Rhodes moved that the nominations be closed and the Secretary be instructed to cast a unanimous ballot; this motion was seconded by Dr. Hellewell, and it carried. Dr. Charles R. Lowe and Dr. James W. Sampson, therefore, were unanimously elected to this committee.

Since the Cancer Committee members are appointed, there was no vote on it at this time.

Dr. Sullivan called for further nominations from the floor for election to the Wyoming State Advisory Committee to Selective Service. Dr. Fitzgerald moved that the nominations be closed and a unanimous ballot be cast for Dr. Zuckerman; this motion was seconded and carried. Dr. Sam Zuckerman, therefore, was unanimously elected to this committee.

Dr. Sullivan called for further nominations from the floor to the Blue Cross Hospital Committee. Dr. Phibbs moved that the nominations be closed; it was then seconded and carried. Dr. Frederick Haigler, therefore, was unanimously elected to this committee.

Dr. Sullivan then called for further nominations from the floor for election to the Rocky Mountain Medical Conference Committee. The following members were nominated to this committee: Dr. Gramlich, Dr. Phibbs, Dr. Fitzgerald, Dr. Koford and Dr. Sudman. Dr. Phelps and Dr. Sudman withdrew their names from consideration. Dr. Haigler then moved that the nominations to this committee be closed; it was seconded by Dr. Gautsch, and it carried. Dr. Sullivan then called for a motion that due to the importance of this committee, that all five of these doctors be placed on this committee. Dr. Phelps moved that this entire group be made a committee (plus the two that are already on this committee). The

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Bumbalo, T. S., Gustina, F. J.,
and Oleksiak, R. E.:
J. Pediat. 44:386, 1954.

White, R. H. R., and
Standen, O. D.:
Brit. M. J. 2:755, 1953.

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Brown, H. W.:
J. Pediat. 45:419, 1954.

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motion was seconded and carried. Drs. Whedon, Gramlich, Phibbs, Fitzgerald and Koford were, therefore, elected to this committee.

Dr. Russell I. Williams, new President of the Wyoming State Medical Society, addressed the Delegates at this time.

There being no further business to transact, the House of Delegates Meeting of the 52nd Annual Meeting of the Wyoming State Medical Society adjourned at the hour of 5:25 o'clock p.m., on the 15th day of June, 1955.

Respectfully submitted,

ARTHUR R. ABBEY,
Executive Secretary.

The following Resolutions were passed at the Annual Meeting of the Wyoming State Medical Society, held in Laramie, Wyoming, June 13, 14 and 15, 1955:

Resolution No. 1

WHEREAS, The Medical Practice Act presently in force in our State is inadequate, and,

WHEREAS, Enactment of a new and more effective Medical Practice Act requires active support by a large and representative group of physicians; now, therefore, be it

RESOLVED, That a special committee be appointed to work with the legislative committee for the specific purpose of drawing up and aiding in the passage of a Medical Practice Act adequate to safeguard the lives and health of the people of our State, and of aiding the enactment of such legislation.

This committee is to be large enough to have membership in every major population center of the State from which pressure can be brought to bear on our elected representatives.

The committee is to draw up a Medical Practice Act which will contain a Basic Science requirement, in addition to more stringent and enforceable penalties for violation. The provisions of similar acts in other States may be drawn on as may be deemed necessary.

The proposed Act will be presented for the approval of the Society at the next annual meeting, following which an active public-information program will be implemented, using civic and educational groups of every kind, with participation by every component part of the State Society, under the guidance of the committee, so that overwhelming public pressure can be brought to influence the 1957 session of the legislature for the passage of this Act. Funds for legal advice will be supplied by the State Society.

Resolution No. 2

WHEREAS, Cardiovascular-renal disease now accounts for nearly one out of every two deaths in Wyoming and disables an untold number of its citizens,

WHEREAS, The complex and long-term nature of the cardiovascular diseases demands the application of many scientific and professional skills, and community resources,

WHEREAS, The Medical Profession has a duty to contribute to the acquisition of knowledge and its application for the prevention, diagnosis, treatment and management of the cardiovascular diseases; now, therefore, be it

RESOLVED, That the Medical Association of Wyoming lend its endorsement to the creation and support of a Wyoming Heart Association as an affiliate of the American Heart Association.

Resolution No. 3

WHEREAS, The Wyoming State Medical Society, in its 52nd Annual Meeting at Laramie, Wyoming, June 13-14-15, 1955, has had a most successful convention, and

WHEREAS, The hospitality of the Albany County Medical Society has been of outstanding character, and

WHEREAS, The Scientific Program has been of very high quality with excellent speakers,

WHEREAS, The hospitality of local citizens, Albany County, City of Laramie has been shown in many ways—particular mention is made to the University of Wyoming for making their marvelous facilities available, which have added to the enjoyment, comfort of all members and guests,

WHEREAS, Special recognition is due President Sullivan for the many ways his energy and leadership insured the success of this meeting,

WHEREAS, Our Society has been additionally honored by delegations from the Colorado State Medical Society,

WHEREAS, The Albany County Medical Society has royally entertained us,

WHEREAS, All of the above mentioned features have resulted in a record attendance at this meeting; therefore, be it

RESOLVED, That the members of the House of Delegates of the Wyoming State Medical Society in Congress assembled do take this opportunity to unanimously express their appreciation of all the matters heretofore contained in this final resolution of the 52nd Annual Meeting.

Resolution No. 4

RESOLVED, That the House of Delegates of the Wyoming State Medical Society is in favor of a voluntary system of Federal distribution of polio vaccine among the several states, to go into effect as soon as the N.F.I.P. orders have been filled, and that the system of distribution of polio vaccine within the individual states be left to each state to decide.

That this Resolution be sent to our Congressional Representative and to the Surgeon General.

Resolution No. 5

WHEREAS, A patient's investment in medical insurance is of the highest order of importance, both financially and with respect to his future attitudes regarding government intervention in medical practice, and

WHEREAS, A great many medical insurance policies contain exclusion clauses and cancellation provisions which make them almost worthless, and

WHEREAS, We of the Medical Profession owe our patients the benefit of the advice and guidance we are uniquely qualified to give in this regard; now, therefore, be it

RESOLVED, That a committee of this Society be appointed to work with the State Insurance Examiner to study the medical insurance plans available, draw up a list of requirements for adequate, acceptable medical insurance, and publicize widely a list of those plans which meet these requirements.

Such a committee should also disseminate advice on choosing medical insurance and inform the public of the pitfalls and inadequacies which may be encountered. It might also profitably function as a grievance body to receive complaints as to malfunctioning of medical insurance plans, and by working with the State Insurance Examiner, aid in rectifying them.

Resolution No. 6

It is hereby proposed and resolved that the Blue Shield Board of Trustees adopt into its articles of incorporation the following:

I. Committee on Fee Schedules.

In general, it shall be the function of the Committee on Fee Schedules to hear proposals relative to changes in fees, to adjust inequities in the adopted fee schedule, and to determine fee levels for any possible new procedures. This committee shall act as the grievance group for any problems relative to determination of fees. The committee shall send its considered recommendations to the Blue Shield Board of Trustees for appropriate action.

The committee on fees shall be composed of elected and appointed members as follows:

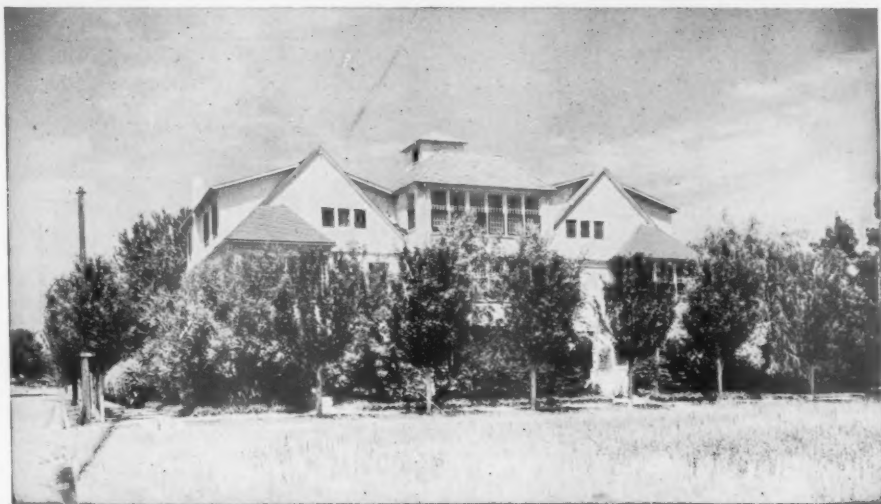
1. One elected representative from each of the State's twelve County Medical Societies. This representative shall be a General Practitioner of Medicine.
2. One member from each medical specialty group represented in the State of Wyoming. The specialty representative from each group shall be appointed and designated by the members of that group. The following specialties shall be allowed one representative each: General Surgery, Orthopedic Surgery, Neuropsychiatry, Pathology, Radiology, Obstetrics Gynecology, Pediatrics, Internal Medicine, Urology, Anaesthesiology, Ophthalmology and Otolaryngology. Other specialties which may later be represented in Wyoming will be allowed one representative each at that time.

II. Composition and Election of the Blue Shield Board of Trustees.

There shall be an orderly turnover of Trustees which shall be accomplished in the following manner: There shall be a Board of twelve Trustees, never less than eight to be doctors of medicine and never less than three to be non-medical representatives.

Further, the doctors of medicine shall be representative of both general practice and medical specialties as follows: five general practitioners of medicine and three medical specialists. The medical specialists shall include at least one surgical and one non-surgical specialist.

No Trustee may serve more than two terms (six years) in succession. The Trustees are so elected that the terms of four members will expire each year. Two of these members will



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be elected from a list of names of no less than four persons submitted by the Wyoming State Medical Society at its annual meeting. The other two will be elected by the full Board.

AMENDMENTS TO THIS CONSTITUTION OF THE WYOMING STATE MEDICAL SOCIETY Composition of the Association

Article IV. Section 3—**Delegates.** Delegates shall be those members of the Association who register at the annual session.

Article V.—**House of Delegates.** The House of Delegates shall be the legislative body of the Association, and shall consist of the members of the Association who register at the annual session.

Article XII.—**Referendum.**

Section 1. The House of Delegates may, by a two-thirds vote of the members present, submit any question before it to a general referendum. Such question shall be submitted to the members of the Association who may vote by mail or in person, and, if the members voting shall comprise a majority of all the members of the Association, a majority of such vote shall determine the question and be binding on the House of Delegates.

Section 2. To be deleted.

Article X.—**Officers.** Section 1. The officers of the Wyoming State Medical Association shall be a President, a President-Elect, who shall be President after the next Annual Meeting following his election, a Secretary and a Treasurer.

There shall be a division of the State into Districts, each District to consist of the county or counties represented by the twelve County or District Medical Societies. Each component Medical Society will elect a Councilor to serve one year; a second group of four component Medical Societies will each elect a Councilor to serve for two years; a third group of four component Medical Societies will each elect a Councilor to serve for three years. Upon termination of the term of office of these elected Councilors (four will terminate each year), the corresponding component Medical Society will replace him with another Councilor. Thus, each Councilor will serve for three years only. In case of resignation or death of a Councilor, the component Medical Society which he represents shall replace him with another member to serve only for the duration of the term of the Councilor who has ceased to serve. Thus, each year four new Councilors will be elected. The Councilors will have an Executive Committee which will consist of the President, President-Elect and Secretary of the Wyoming State Medical Society and any three other Councilors. This committee will serve as the Executive body for the Councilors. A quorum will consist of one of the elected officers of the State Society and five of the elected Councilors. The groups will be divided as follows:

- Group 1—Laramie, Fremont; Northwest, Converse.
- Group 2—Sheridan, Carbon; Uinta, Albany.
- Group 3—Natrona, Sweetwater; Northwest, Goshen.



Woman's Auxiliary

WYOMING, JUNE 13 AND 14

Coffee, Monday, June 13, at the Connor Hotel, Laramie

Coffee was arranged by the wives of the Laramie physicians, and held as a social and get-acquainted hour. The speaker was Mr. Art Abbey, Executive Secretary of the Wyoming Medical Society. He spoke about the change that had occurred within a comparatively few years in the public concept of the family doctor, and of the stake of the doctor's wife in helping both the public and the doctor in maintaining the best possible public relations.

Business Meeting, Monday, June 13

Mrs. Franklin Yoder presided at the annual business meeting held at 1:30 p.m. at the Connor Hotel. Among items of general interest reported at this meeting was that we now have 181 Aux-

iliary members in County Auxiliaries, eighteen members at large and eight organized Auxiliary units. This is in comparison to 230 members of the Medical Society.

Mrs. James Sampson, Sheridan, has made a fine showing as "Today's Health" Chairman, and Laramie County has made a particularly fine record.

A total of \$165 was contributed to the AMEF fund by the State Auxiliary, County Units and individual contributions of Auxiliary members. Mrs. J. E. Hoadley, AMEF Chairman, felt we could do much better.

Sixty-seven subscriptions to the Bulletin were sold last year.

Resolutions were passed to clarify the amount of dues payable (\$3.00 from each member, of which \$1.00 is sent to National; this also applies to members at large); to donate \$200.00 to the AMEF fund; and to send the Bulletin for the coming year to each Auxiliary member, paid for from the state treasury. A recommendation to set up a committee to study the type of Nursing Scholarships and Loan Funds now available and to pass this information on to the Auxiliaries was also passed.

Representatives of the various Auxiliaries reported on their outstanding activities.

A resolution to have a Doctor's Day Committee also passed. This committee would let the Auxiliaries know when Doctor's Day is to be observed (March 30) and pass on suggestions for its observance.

The following officers were elected:

Mrs. L. C. Barrett, Casper, President.

Mrs. Albert Sudman, Green River, President-Elect.

Mrs. J. E. Hoadley, Gillette, 1st Vice-President.

Mrs. Mark Watson, Worland, 2nd Vice-President.

Mrs. Jay Blumenstock, Sheridan, Recording Secretary.

Mrs. Clarke Young, Casper, Corresponding Secretary.

Mrs. J. D. Shingle, Cheyenne, Treasurer.

The concluding social event of the Convention was a luncheon held at beautiful Remount Ranch, which is the former home of authoress Mary O'Hara. It was a fascinating place and the antique furnishings were much enjoyed by everyone despite the rain and hail which kept us indoors. Mrs. Mason G. Lawson, President of the Woman's Auxiliary to the A.M.A., was the guest speaker and installed the officers elected for the coming year. Mrs. Lawson, a lovely person, as indeed all of our national officers seem to be, spoke about where the Auxiliary fits into the pattern of living. She emphasized that the national program was of value only so far as it was adopted on the local level. Auxiliary members must assume leadership in community health and education, and are well fitted for the role if they avail themselves of the material available to them.

As Mrs. Lawson installed the new officers, she cautioned them that "He Who Dares to Lead Must Choose to Learn."

Mrs. Ralph Gramlich told about being a delegate to the A.M.A. meeting in Atlantic City, and of the thrill of receiving the \$40 prize money awarded to Wyoming for their prize showing in "Today's Health." This prize money she presented to the Auxiliary.

Mrs. Barrett announced her committees for the coming year, and adjourned the Convention.



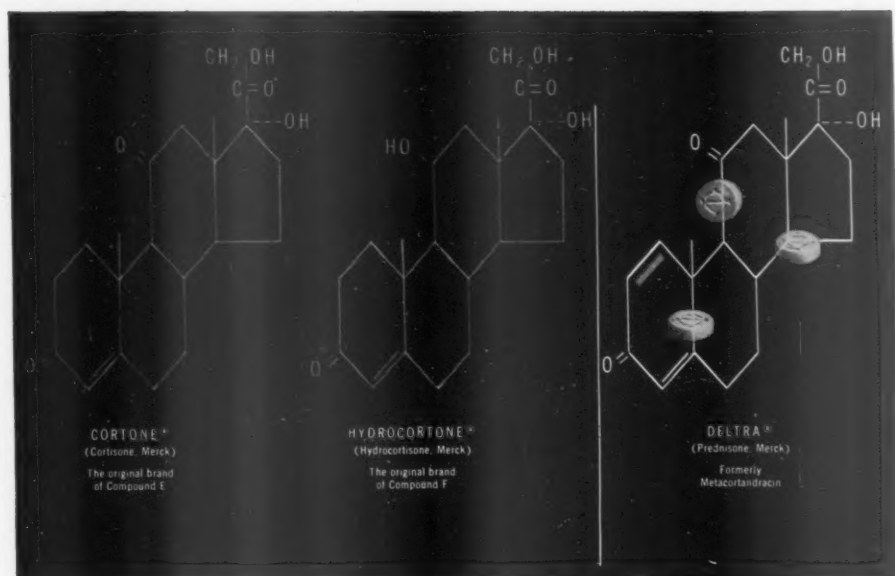
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THE AMERICAN CONGRESS OF PHYSICAL MEDICINE AND REHABILITATION

The 33rd annual scientific and clinical session of the American Congress of Physical Medicine and Rehabilitation will be held August 28-September 2, 1955, inclusive, at the Hotel Statler, Detroit. Scientific and clinical sessions will be given and will be open to members of the medical profession in good standing with the American Medical Association. Annual instruction seminars will be held and will be open to physicians as well as to therapists, who are registered with the American Registry of Physical Therapists or the American Occupational Therapy Association.

Full information may be obtained by writing to the Executive Secretary, Dorothea C. Augustin, American Congress of Physical Medicine and Rehabilitation, 30 North Michigan Avenue, Chicago 2, Illinois.

UROLOGY AWARD

The American Urological Association offers an annual award of \$1,000 (first prize of \$500, second prize \$300 and third prize \$200) for essays on the result of some clinical or laboratory research in Urology. Competition shall be limited to urologists who have been graduated not more than ten years, and to men in training to become urologists.

The first prize essay will appear on the program of the forthcoming meeting of the American Urological Association, to be held at the Statler Hotel, Boston, Massachusetts, May 28-31, 1956.

For full particulars write the Executive Secretary, William P. Didusch, 1120 North Charles Street, Baltimore, Maryland. Essays must be in his hands before December 1, 1955.

One fact which must be acknowledged and is of practical importance is that over the country the annual number of newly reported cases of tuberculosis has declined very little. In fact, the number increased from 1940 until 1948 and, while it has gone down for the past four years, in 1952 it was still slightly higher than in 1940, although the case rate has gone down since it is affected also by the increasing population. Even though many of these cases do not require hospitalization, all should be investigated, their clinical status determined, their familial contacts studied, and other appropriate control measures taken where indicated. Thus, there has been no decrease in the effort required of health departments and voluntary agencies, and no reduction in personnel or funds should be contemplated. In fact, greater effort is demanded if tuberculosis is to be eradicated, and no lesser goal should satisfy us.—Philip E. Sartwell, M. D., Nat. Tuberc. A. Tr., May, 1954.

ENDOCRINE SOCIETY ANNUAL POSTGRADUATE ASSEMBLY

"Endocrinology and Metabolism" is the subject for the seventh annual Postgraduate Assembly of the Endocrine Society, being held in Indianapolis, September 26-October 1, with the cooperation of the Indiana University School of Medicine.

Continuation study facilities of the Indiana University Medical Center will be utilized for the sessions at which twenty-one of the leading clinicians and investigators will be heard.

Information regarding the program, registration, etc., is available by addressing: Postgraduate Office, Indiana University School of Medicine, 1100 West Michigan Street, Indianapolis 7, Indiana.

The Book Corner



Special Notes From the Library

Previously it was announced that the Colorado Council of Epsilon Sigma Alpha through the United Cerebral Palsy of Colorado presented the Denver Medical Society's Library with a collection of books on cerebral palsy. This is a comprehensive collection on the subject of rehabilitation, testing, physiotherapy and other aspects of cerebral palsy. The list is published below. These are for the use of Society members and the technical staff of the United Cerebral Palsy School, located near the library at 2727 Columbine Street. The Librarian and Library Committee are extremely grateful to the Colorado Council of Epsilon Sigma Alpha because the material available in the library was extremely limited.

- Berry, M. F. The defective in speech. N. Y., Appleton-Century-Crofts, c1942.
- Cash, J. E. A textbook of medical conditions for Physiotherapists. Phila., Lippincott, 1952.
- Cass, M. T. Speech habilitation in cerebral palsy. N. Y., Columbia University Press, 1951.
- Dunton, W. R. Occupational therapy, principles and practice. Springfield, Ill., Charles C. Thomas.
- Egel, P. F. Technique of treatment for the cerebral palsy child. St. Louis, C. V. Mosby, 1948.
- Gardner, E. Fundamentals of neurology. 2d ed. Phila., Saunders, 1952.
- Gesell, Arnold. How a baby grows; a story in pictures. N. Y., Harper & Bros., 1945.
- Hohman, L. B. As the twig is bent. N. Y., Macmillan, 1951.
- Jacobson, Edmund. Progressive relaxation. Chicago, Ill., University of Chicago Press, 1938.
- Johnson, W. ed. Speech problems of children, a guide to care and correction. Grune & Stratton, N. Y., 1950.
- Kelly, Earl C. The workshop way of learning. New York, Harper & Brothers, 1951.
- Kovacs, R. A manual of physical therapy, 4th ed., revised with 124 illus. Phila., Lea & Febiger, 1949.
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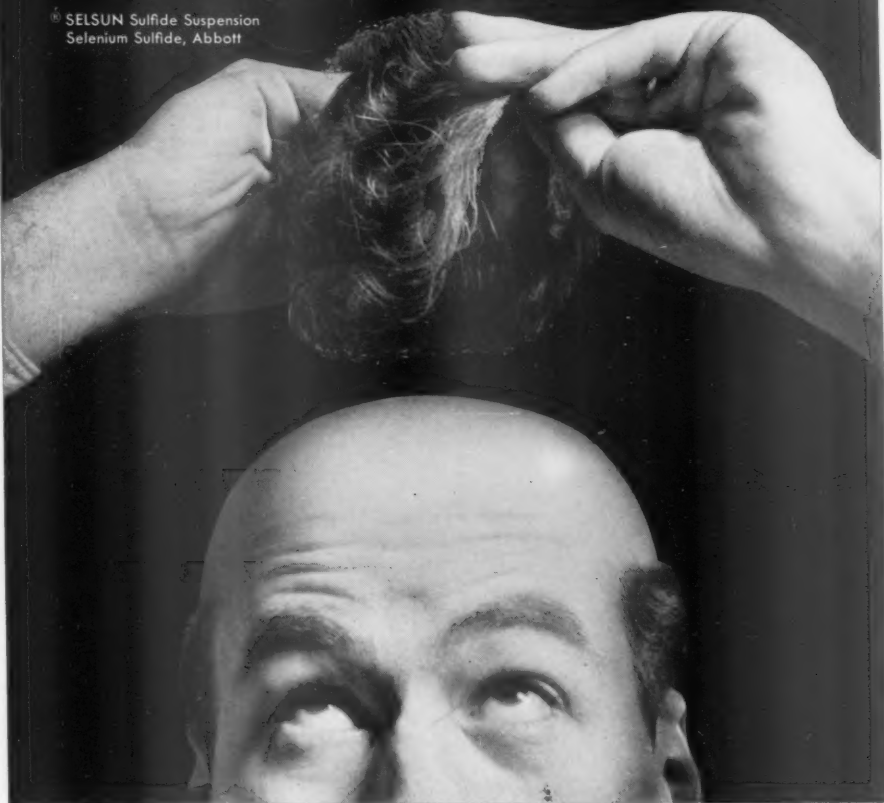
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Magoun, H. Spasticity, the stretch-reflex and extra-pyramidal systems, Springfield Ill., Charles C. Thomas, 1947.

Murphy, D. P. Congenital malformations: a study of parental characteristics with special reference to the reproductive process.

Pohl, J. F. Cerebral palsy. St. Paul, Minn., Bruce Publishing Co., 1950.

Putnam, T. J. Convulsive seizures, how to deal with them. 2d ed. Phila., Lippincott, 1943.

Rutherford, B. R. Give them a chance to talk, handbook on speech correction for cerebral palsy. Minneapolis, Burgess Pub., 1950.

Stern, E. M. The handicapped child, a guide for parents. N. Y., A. A. Wyn, 1950.

Strauss A. A. Psychopathology and education of the brain-injured child. N. Y., Grune and Stratton, 1947.

Van Riper, C. Teaching your child to talk. N. Y., Harper & Bros., 1950.

Willard, H. S. Principles of occupational therapy. Phila., Lippincott, 1954.

New Books Received

New books received are acknowledged in this section. From these, selections will be made for reviews in the interests of the readers. Books here listed will be available for lending from the Denver Medical Library soon after publication.

The Medical Significance of Anxiety: By Richard L. Jenkins, M.D. Publication date: June 6, 1955, by The Biological Sciences Foundation, Ltd., Washington 7, D. C. Price: \$1.00.

The Halogenated Hydrocarbons, Toxicity and Potential Dangers: By W. F. von Oettinger, M.D., Ph.D., National Institutes of Health, U. S. Department of Health, Education and Welfare.

The Human Adrenal Cortex, Ciba Foundation, Volume VIII. Published by Little, Brown and Company, Boston.

Viral Hepatitis, Clinical, Laboratory, and Public Health Aspects: By Heinz F. Eichenwald, M.D., Chief Hepatitis Investigations Unit, Epidemiology Branch, Communicable Disease Center, U. S. Department of Health, Education and Welfare.

Proceedings of the Third Medical Conference of Muscular Dystrophy Associations of America, Inc., 39 Broadway, New York 6, N. Y. Published by the Williams and Wilkins Company.

Transplantation of Tissues, Cartilage, Bone, Fascia, Tendon, and Muscle: By Lyndon A. Peer, M.D., Clinical and Research Director, Rehabilitation Center for Plastic and Reconstructive Surgery, St. Barnabas Hospital, Newark, New Jersey. Vol. 1. Baltimore, Williams & Wilkins, 1955. 421 p., illus. Price: \$13.50.

Handbook of Pediatrics: By Henry K. Silver, M.D., Associate Professor of Pediatrics, Yale University School of Medicine, New Haven, Connecticut; C. Henry Kempe, M.D., Assistant Professor of Pediatrics, University of California School of Medicine, San Francisco, California; and Henry B. Bruyn, M.D., Assistant Professor of Pediatrics and Medicine, University of California School of Medicine, San Francisco, California, Assistant Clinical Professor of Pediatrics, Stanford University Medical School, San Francisco, California. Los Altos, California, Lange Medical Publications, 1955. 548 p. Price: \$3.00.

Tea: A Symposium of the Pharmacology and the Physiologic and Psychologic Effects of Tea: Henry J. Klaunberg, Ph.D., Editor; Executive Director, The Biological Sciences Foundation, Ltd.; Founder Member of the United States Committee of the World Medical Association; Member: The American Association for the Advancement of Science, The New York Academy of Sciences, The Biometric Society, American Medical Writers' Association, etc. Published by The Biological Sciences Foundation, Ltd., Washington 7, D. C., 1955. 64 p. Price: \$1.00.

Ageing General Aspects, Volume I: By G. E. W. Wolstenholme, O.B.E., M.A., M.B., B.Ch.; and Margaret P. Cameron, M.A., A.B.D.S., Editors for the Ciba Foundation. Published by Little, Brown and Company. Price: \$6.75.

Communicable Diseases, Third Edition: By Franklin H. Top, A.B., M.D., M.P.H., F.A.C.P., F.A.A.P., F.A.P.H.A. 109 text illustrations and 15 color plates. Published by C. V. Mosby Company. Price: \$18.50.



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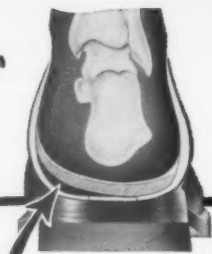
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GYNECOLOGY AND OBSTETRICS—Vaginal Approach to Pelvic Surgery. One Week, November 7. Three-Week Course, Gynecology and Obstetrics, September 12.

MEDICINE—Two-Week Course, September 26. Electrocardiography and Heart Disease, Two Weeks, October 10. Gastroscopy, One Week Advanced Course, September 12. Gastroenterology, Two Weeks, October 24. Dermatology, Two Weeks, October 17.

RADIOLOGY—Clinical and Didactic Course, Two Weeks, October 3. Clinical Uses of Radiosotopes, Two Weeks, October 10.

PEDIATRICS—Clinical Course, Two Weeks, by appointment. Pediatric Cardiology, One Week, October 10 and 17.

UROLOGY—Two-Week Course October 10.

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The Practice of Dynamic Psychiatry: By Jules H. Masserman, M.D., Professor of Neurology and Psychiatry, Northwestern University, Chicago, Illinois. 790 p. Philadelphia, London, W. B. Saunders Company, 1955.

Pathology for the Surgeon: By William Boyd, Lecturer on the Humanities in Medicine, The University of Toronto; Visiting Professor of Pathology, The University of Alabama; formerly Professor of Pathology, The University of Manitoba, The University of Toronto, and The University of British Columbia. Seventh edition, with 547 illustrations, including 10 in color. 737 p. Philadelphia, London, W. B. Saunders Company, 1955.

Differential Diagnosis, the Interpretation of Clinical Evidence: By A. McGehee Harvey, M.D., Professor of Medicine and Head of the Department of Internal Medicine, The Johns Hopkins University School of Medicine; Physician-in-Chief, The Johns Hopkins Hospital; and James Bordley III, M.D., Director, Mary Imogene Bassett Hospital, Cooperstown, New York; Clinical Professor of Medicine, Columbia University, New York; Clinical Professor of Medicine, Albany Medical College, Philadelphia, London, W. B. Saunders Company, 1955.

Private Enterprise or Government in Medicine: By Louis Hopewell Bauer, Diplomate, American Board of Internal Medicine; Member, Board of Trustees, and Member, Council on Medical Service, American Medical Association; President, Medical Society of the State of New York, 1947-1948. 201 p. Springfield, Illinois, Charles C. Thomas, c1948.

A Textbook of Medicine: Edited by Russell L. Cecil, M.D., Sc.D., Professor of Clinical Medicine Emeritus, Cornell University, New York; Robert L. Loeb, M.D., Bard Professor of Medicine, Columbia University, New York. Ninth edition, illustrated. 1,786 p. Philadelphia, London, W. B. Saunders Company, 1955.

Book Reviews

The Physiological Basis of Medical Practice, A Text in Applied Physiology: By Charles Herbert Best, C.B.E., M.A., M.D., D.Sc. (Lond.), F.R.S., F.R.C.P. (Canada), Professor and Head of Department of Physiology, Director of the Banting-Best Department of Medical Research, University of Toronto; and Norman Burke Taylor, V.D., M.D., F.R.S. (Canada), F.R.C.S. (Edin.), F.R.C.P. (Canada), M.R.C.S. (Eng.), L.R.C.P. (Lond.), Professor of the History of Medicine and Medical Literature, University of Western Ontario, London, Canada; formerly Professor of Physiology, University of Toronto. Sixth edition. Williams and Wilkins Company, Baltimore, publishers, 1955. Price: \$12.00.

This is the sixth edition of a popular book on medical physiology. It has undergone the most extensive revision since it was first published. The authors have endeavored to write a book which will serve to link the laboratory and the clinic and thus promote continuity of physiological teaching throughout the pre-clinical and clinical years of the undergraduate course.

The book is well written, and, in some instances, the almost narrative style might cause the unwary to miss some of the important material that is contained in each paragraph. Since this text so nicely interprets symptoms of disease with their physiological function, it is most apropos for the graduate student and for the practitioner who wishes to brush up on the physiology of disease processes.

The book contains eighty chapters with an excellent list of references at the end. The references are grouped according to chapters. The book is well indexed with bold-faced numbers indicating the major discussions under each topic. Additional references for Chapter 32 seem to have been overlooked and placed at the end of the book after the index.

The physiology of stress does not seem to be discussed and perhaps is not appropriate for a textbook of this type. It would not seem out of place, however, for a textbook of this scope at least to mention this important topic. The type

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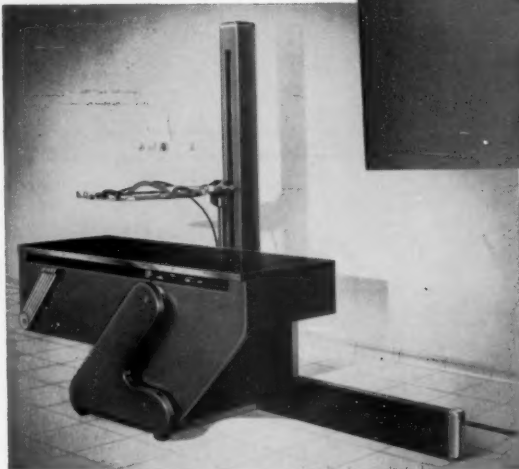
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for the most part is small but rather easy to read. The numerous reprints of this edition over the years is sufficient testimony to the worth and popularity of this book.

FRANCIS T. CANDLIN, D.V.M.

Science and Man's Behavior, the Contribution of Phytobiology: By Trigrant Burrow, M.D., Ph.D. Edited by William E. Galt, Ph.D. including the complete text of: *The Neurosis of Man*, 564 p., illus. N. Y., Philosophical Library. Price: \$6.00.

According to the late author of this book and his disciples, I am no fit person to review the book since my Phylic neurosis still has been unmodified by a Phyloanalysis, the *numen* has not been replaced by the *nomen*, the "I"—*persona* holds complete and unquestioned sway over me, and I am not capable of *cotention* but suffer from *ditention*.

In such laborious words of new coinage the author presents a theory intended to lead to action which will reform the human race and cure all of its "ills"; be they medical, socio-economic, political, fissionable, or any other imaginable type of ill. This is no small task.

To paraphrase the essence of his theory, Dr. Burrow believes that all mankind suffers from a Phylic neurosis manifested by disruptive and partitive behaviors (such as the above mentioned ills) because in learning communication there developed a concept of self which has been invested with too much emotional energy. This means that all objects and experiences are seen in terms of self instead of being seen in terms of the one quality that counts, namely, oneness.

In my opinion, Dr. Burrow has created his theory on what is probably a basic truth, namely, that emotional health proceeds from selfless giving. He is not alone in this discovery, since this

concept can be seen in many religions as well as in current psychiatric writing, but he has used this over-expansively in an almost Messiah-like fashion.

A few ideas relating to the one concept and to the several neo-logisms are repetitively presented in a tedious manner. There are adequate chapter bibliographies and subject and name indices as well as a glossary. An appendix deals with experimental evidence (?) relating to *cotention* (a selfless type of attention) and *ditention* (the opposite).

I cannot recommend the book.

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Denver, Colorado

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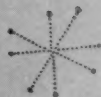
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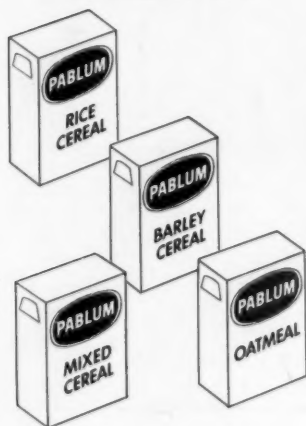


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